2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# 493521

Entity Name: PAUL JACQUIN AND SONS, INC.

Current Principal Place of Business:

7348 COMMERCIAL CIRCLE
P. O. BOX 4343
FT PIERCE, FL 349481343

New Principal Place of Business:

Current Mailing Address:

7348 COMMERCIAL CIRCLE
P. O. BOX 4343
FT PIERCE, FL 349481343

New Mailing Address:

FEI Number: 59-1640441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SNEED, RICHARD JR.
1905 S. 25TH ST
FT PIERCE, FL US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JACQUIN, PAUL E,
Address: 2707 GROVE DRIVE
City-St-Zip: FT PIERCE, FL

Title: SV ( ) Delete
Name: JACQUIN, CHERYL,
Address: 2707 GROVE DRIVE
City-St-Zip: FT PIERCE, FL

Title: V ( ) Delete
Name: NORRIS, FRITZ,
Address: 6702 SEBASTIAN ROAD
City-St-Zip: FT. PIERCE, FL

Title: V ( ) Delete
Name: JACQUIN, MICHAEL E
Address: 7408 GEORGES RD
City-St-Zip: FORT PIERCE, FL 34951

Title: V ( ) Delete
Name: JACQUIN, PAUL R
Address: 1007 COPENHAVER ROAD
City-St-Zip: FT. PIERCE, FL

Title: V ( ) Delete
Name: MODINE, JODY
Address: 11961 WILLIE RD
City-St-Zip: FORT PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E JACQUIN PD 03/09/2007
Electronic Signature of Signing Officer or Director Date