

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493521

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: PAUL JACQUIN AND SONS, INC.

## Current Principal Place of Business:

7348 COMMERCIAL CIRCLE  
FT PIERCE, FL 349481343

## New Principal Place of Business:

## Current Mailing Address:

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:

JACQUIN, MICHAEL E  
1914 QUAIL COURT  
FT PIERCE, FL 34982      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: SVD ( ) 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: VD ( ) Delete  
Name: MICHAEL E. JACQUIN,  
Address: 1914 QUAIL COURT  
City-St-Zip: FORT PIERCE, FL

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 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

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date