

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 493521

FILED
Jan 04, 2011
Secretary of State

Entity Name: PAUL JACQUIN AND SONS, INC.

Current Principal Place of Business:

7348 COMMERCIAL CIRCLE
FT PIERCE, FL 34951

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 ()

Name and Address of Current Registered Agent:

JACQUIN, MICHAEL E
17370 PINEAPPLE LANE
FT PIERCE, FL 34945 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

OFFICERS AND DIRECTORS:

Title: DIR
Name: JACQUIN, PAUL E
Address: 2707 GROVE DRIVE
City-St-Zip: FT PIERCE, FL 34981

Title: S/T
Name: JACQUIN, CHERYL A
Address: 2707 GROVE DRIVE
City-St-Zip: FT PIERCE, FL 34981

Title: V
Name: MODINE, JONATHAN
Address: 2235 15TH AVENUE SW
City-St-Zip: VERO BEACH, FL 32962

Title: PRES
Name: JACQUIN, MICHAEL E
Address: 17370 PINEAPPLE LANE
City-St-Zip: FORT PIERCE, FL 34945

Title: V
Name: JACQUIN, PAUL R
Address: 1007 COPENHAVER ROAD
City-St-Zip: FT. PIERCE, FL 34945

Title: S
Name: MODINE, ALYSSA
Address: 2235 15TH AVE SW
City-St-Zip: VERO BEACH, FL 32962

I hereby 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 all other like empowered.

SIGNATURE: PAUL E JACQUIN

DIR

01/04/2011

Electronic Signature of Signing Officer or Director

Date