

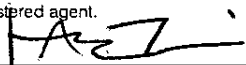
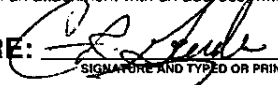


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90355 010 ***150.00

DOCUMENT # F02000000298 1. Entity Name JACQUES WHITFORD COMPANY, INC.						
Principal Place of Business 27 CONGRESS STREET PORTSMOUTH, NH 03801			Mailing Address P.O. BOX 4696 PORTSMOUTH, NH 03802-4696			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04022004 Chg-P CR2E034 (10/03)		
City & State		City & State				
Zip		Zip				
Country		Country				
4. FEI Number 01-0384101				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$9.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KAMINSKI, GUY 5521 E LONGBOAT BLVD TAMPA, FL 33615			7. Name and Address of New Registered Agent Name Jason Shirer Street Address (P.O. Box Number is Not Acceptable) 14905 Arbor Spring Road, Apt. 108 City Tampa FL Zip Code 33624			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Jason Shirer April , 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENEGA, STANLEY 3 GREEN STREET MILTON, MA 02186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO T S Todd Bethune 5830 Gorsebrook Avenue Halifax, Nova Scotia Canada B3H 1G2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO YOU DEN, ROBERT P 33 DEMPSTER CRESCENT MINEVILLE BZZ 1J6,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Ronald B. Laurence 124 Great Bay Road Greenland, NH 03840	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV HUNT, ROBERT C 27 CONGRESS STREET PORTSMOUTH, NH 03801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Vince Jacques 36 Cobble Hill Road Lincoln, RI 02865	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HILL, DAVID 9 TOWER ROAD, GARISH ISLAND KITTERY POINT, ME 03905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Greg delMastro 70 Snake Den Road Ringwood, NJ 07456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GENDRON, CRAIG R 27 CONGRESS STREET PORTSMOUTH, NH 03801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Greg delMastro 70 Snake Den Road Ringwood, NJ 07456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KAMINSKI, GUY 27 CONGRESS STREET PORTSMOUTH, NH 03801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Greg delMastro 70 Snake Den Road Ringwood, NJ 07456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:  Craig R. Gendron, Asst. Sec 4/5/04 603-431-4899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						