

FILED  
Feb 05, 2007 8:00 am  
Secretary of State

02-05-2007 90111 050 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

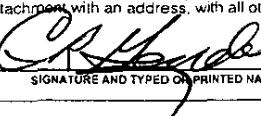
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTL: Registered Agent signature required when changing) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD YOUDEN, ROBERT P 33 DEMPSTER CRESCENT MINEVILLE, NS b2z1j6	TITLE NAME STREET ADDRESS CITY-SI-ZIP	D Tim Olson 1062 Sherman Crescent Pickering, ON L1X 1P7
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TS BETHUNE, TODD 5830 GORSEBROOK AVENUE HALIFAX, NS b3h1g2	TITLE NAME STREET ADDRESS CITY-SI-ZIP	D Todd Bethune 5830 Gorsebrook Avenue Halifax, NS B3H 1G2
TITLE NAME STREET ADDRESS CITY-SI-ZIP	AS LAURENCE, RONALD B 124 GREAT BAY ROAD GREENLAND, NH 03840	TITLE NAME STREET ADDRESS CITY-SI-ZIP	V Craig R. Gendron 59 Dumbarton Oaks Stratham, NH 03885
TITLE NAME STREET ADDRESS CITY-SI-ZIP	AS JACQUES, VINCENT 36 COBBLE HILL LINCOLN, RI 02865	TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	AS KIMM, PERLIN 450 S. GRAVERS ROAD SUITE 1055 PLYMOUTH MEETING, PA 19462	TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	AS DEL MASTRO, GREG 70 SNAKE DEN RD. RINGWOOD, NJ 07456	TITLE NAME STREET ADDRESS CITY-SI-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Vice President 1/25/07 603-431-4899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

60012175



01032007 Chg-P CR2E034 (12/06)

4. FEI Number  
01-0384101

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code