
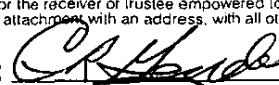


FILED
Feb 05, 2007 8:00 am
Secretary of State

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0384101	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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			
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	YODEN, ROBERT P				
STREET ADDRESS	33 DEMPSTER CRESCENT				
CITY-STATE-ZIP	MINEVILLE, NS b2z1j6				
TITLE	TS	<input type="checkbox"/> Delete			
NAME	BETHUNE, TODD				
STREET ADDRESS	5830 GORSEBROOK AVENUE				
CITY-STATE-ZIP	HALIFAX, NS b3h1g2				
TITLE	AS	<input type="checkbox"/> Delete			
NAME	LAURENCE, RONALD B				
STREET ADDRESS	124 GREAT BAY ROAD				
CITY-STATE-ZIP	GREENLAND, NH 03840				
TITLE	AS	<input type="checkbox"/> Delete			
NAME	JACQUES, VINCENT				
STREET ADDRESS	36 COBBLE HILL				
CITY-STATE-ZIP	LINCOLN, RI 02865				
TITLE	AS	<input type="checkbox"/> Delete			
NAME	KIMM, PERLIN				
STREET ADDRESS	450 S. GRAVERS ROAD SUITE 1055				
CITY-STATE-ZIP	PLYMOUTH MEETING, PA 19462				
TITLE	AS	<input type="checkbox"/> Delete			
NAME	DEL MASTRO, GREG				
STREET ADDRESS	70 SNAKE DEN RD.				
CITY-STATE-ZIP	RINGWOOD, NJ 07456				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Tim Olson				
STREET ADDRESS	1062 Sherman Crescent				
CITY-STATE-ZIP	Pickering, ON L1X 1P7				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Todd Bethune				
STREET ADDRESS	5830 Gorsebrook Avenue				
CITY-STATE-ZIP	Halifax, NS B3H 1G2				
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Craig R. Gendron				
STREET ADDRESS	59 Dumbarton Oaks				
CITY-STATE-ZIP	Stratham, NH 03885				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-STATE-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 #	