
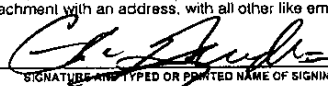


**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90072 035 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F02000000298</b>					
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 <b>01-0384101</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>FL</b> 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 re-registering)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YOU DEN, ROBERT P 33 DEMPSTER CRESCENT MINEVILLE, NS b2z1j6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Youden, Robert P. 3 Spectacle Lake Drive Dartmouth, Nova Scotia B3B 1W8 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BETHUNE, TODD 5830 GORSEBROOK AVENUE HALIFAX, NS b3h1g2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S Bethune, Todd 3 Spectacle Lake Drive Dartmouth, Nova Scotia B3B 1W8 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LAURENCE, RONALD B 124 GREAT BAY ROAD GREENLAND, NH 03840 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Laurence Ronald B. 27 Congress Street Portsmouth, NH 03801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS JACQUES, VINCENT 36 COBBLE HILL LINCOLN, RI 02865 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Jacques, Vincent 24 Albion Road, Suite 220 Lincoln, RI 02865 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS KIMM, PERLIN 450 S. GRAVERS ROAD SUITE 1055 PLYMOUTH MEETING, PA 19462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Perlin, Kimm 450 South Gravers Road, Suite 105 Plymouth Meeting, PA 19462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DEL MASTRO, GREG 70 SNAKE DEN RD. RINGWOOD, NJ 07456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS delMastro, Gregory 5 West Main Street, Suite 109 Elmsford, NY 10523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		2/20/08 (603) 431-4899			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT  
40032420

FLORIDA DEPARTMENT OF STATE

2008 For Profit Corporation Annual Report  
FOR  
JACQUES WHITFORD COMPANY, INC.  
F02000000298

ATTACHMENT

OFFICERS and DIRECTORS (ADDITIONAL)

Title: P  
Name: Hooker, John  
Street Address: 835 Oak Creek Drive  
City-ST-Zip: Lombard, IL 60148

Title: V  
Name: Gendron, Craig R.  
Street Address: 27 Congress Street  
City-ST-Zip: Portsmouth, NH 03801

Title: AS  
Name: Coffin-Prowse, Maggie  
Street Address: 20 Broadview Avenue South  
City-ST-Zip: Saint John, New Brunswick E2L 5E8