## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F65643 1. Entity Name JENNIFER GARRIGUES, INC.

## **FILED** Feb 02, 2006 8:00 am Secretary of State 02-02-2006 90075 011 \*\*\*150.00

L				No.			
Principal Plac	ce of Business	M	lailing Address				
308 PERUVI	AN AVE.	3	308 PERUVIAN AVE.				
PALM BCH, I	FL 33480	F	PALM BCH, FL 33480				
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					4. FEI Numb		Applied For Not Applicable
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	6. Name and Address of	stered Agent	-	,		,	
GARRIGH	IES IENNIEED C						
GARRIGUES, JENNIFER C 246 ESPLANADE				DO NOT WRITE			
PALM BEACH, FL 33480				IN THIS SPACE			
					11.4	1 1113 SF	ACE
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							
	Signature, typed or printed name of regis	tered agent and title	if applicable. (NOTE: Registere	d Agent signature required	when reinstating)		DATE
			O Floation Comparing Finan		00		•
	E NOW!!! FEE IS \$150 ay 1, 2006 Fee will be		<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	~ _ ++	.00 May Be ed to Fees		
10.	OFFICE	RS AND DIRE	CTORS	-			
NAME	MCCLELAND, JACQUEL	YN		Į.			
STREET ADDRESS	1528 ELINOR CRESCEN						
CITY-ST-ZIP	PORT COQUITLAM, CAI						
TITLE	С						
NAME	CHILLOTT, CYRIL D	<del></del>					
STREET ADDRESS	15200 N. DIXIE, #5	246 F	sphande Way	•			
CITY-ST-ZIP		<u>raln B</u>	sphande Way seach, FL33280				
TITLE	P						
NAME	GARRIGUES, JENNIFER	S C					
STREET ADDRESS CITY-ST-ZIP	246 ESPLANADE PALM BEACH, FL 33480	١			DO	<b>NOT W</b>	RITE
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Hereby ceruly unar me information supplied with this filling 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 ecquiver of 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 as andress, with all other like empowered.

SIGNATURE:

MENING OFFICER OR DIRECTOR

561-659-7085