

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90040 003 ***150.00

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01032005 Chg-P CR2E034 (10/03)

4. FEI Number **04-2836162** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GUEGAN, JEAN-YVES	
STREET ADDRESS	ALLEE DU BOUVERAT, MENTHOU ST BERNAD	
CITY-ST-ZIP	74290 FRANCE,	
TITLE	T	<input type="checkbox"/> Delete
NAME	HIGGINS, JOHN	
STREET ADDRESS	67 SHARP ST	
CITY-ST-ZIP	HINGHAM, MA 02043	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE SAINT TRIVIER, JACQUES	
STREET ADDRESS	BP69	
CITY-ST-ZIP	74000 ANNECY, FR	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BYRNES, PATRICK	
STREET ADDRESS	67 SHARP ST	
CITY-ST-ZIP	HINGHAM, MA 02043	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KARDOK, PETER	
STREET ADDRESS	61 SHARP ST	
CITY-ST-ZIP	HINGHAM, MA 02043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN HIGGINS	
STREET ADDRESS	67 SHARP ST	
CITY-ST-ZIP	HINGHAM, MA 02043	

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:

John Higgins

JOHN HIGGINS

1/3/05

781-331-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #