

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/2/

FILED
Sep 02, 2004 8:00 am
Secretary of State

08-02-2004 90005 004 ***150.00

DOCUMENT # K50188

1. Entity Name:

BARRY L. GREGOIRE, INC.



Principal Place of Business:

**100 EXECUTIVE WAY
STE 204
PONTE VEDRA BEACH FL 32082**

Mailing Address

**100 EXECUTIVE WAY
STE 204
PONTE VEDRA BEACH FL 32082**

66433086



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2921302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGOIRE, BARRY L
P O BOX 2794
518 LEMASTER DR
PONTE VEDRA BCH FL 32004**

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

B. L. Gregoire

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-28-04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GREGOIRE, BARRY L.**
STREET ADDRESS **518 LEMASTER DR**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

B. L. Gregoire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-04

Date

Daytime Phone #

JOS. L. MUSCARELLE, INC.
ESSEX STREET & ROUTE 17
MAYWOOD, NJ 07607

Attachment

THE BANK OF NEW YORK
LODI, NJ 07644
55-271/212

5236

66433086

K50188

One Hundred Fifty and No/100 Dollars

DATE
4/27/2004

AMOUNT
\$150.00

THE
ORDER
FOR

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

REAL ESTATE ACCOUNT
AUTHORIZED SIGNATURE

Memo: Annual Fee for Palm River JLM Center Corp

5236

JOS. L. MUSCARELLE, INC.

Florida Department of State

5236

4/27/2004

\$150.00

Annual Fee for Palm River JLM Center Corp.
Account Detail:

1-3090 Due to/from JLM Palm River

\$150.00

5236

JOS. L. MUSCARELLE, INC.

Florida Department of State

5236

4/27/2004

\$150.00

Annual Fee for Palm River JLM Center Corp.
Account Detail:

1-3090 Due to/from JLM Palm River

\$150.00