2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **ANNUAL REPORT** Jan 09, 2008 08:00 AM DOCUMENT # P02000099492 **Secretary of State** Entity Name MARC GAGNON, INC. Principal Place of Business Mailing Address 1844 NORTH NOB HILL ROAD #226 P.O. BOX 8776 PLANTATION, FL 33322 CORAL SPRINGS, FL 33075 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2076217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAGNON, MARC DO NOT WRITE 3251 CORAL HILLS DRIVE CORAL SPRINGS, FL 33065 IN THIS SPACE 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. 08 SIGNATURE d Agent signature required when remaining: 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ·OFFICERS AND DIRECTORS 10. PS: TITLE GAGNON, MARC NAME 3251 CORAL HILLS DRIVE STREET ADORESS 01/09/08-80038-006 150.00 CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-ST-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 appears, with all-eths like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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