

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000135730**

1. Entity Name  
**LOUIS C. CAQUELIN, INC.**



Principal Place of Business  
**10420 MCGREGOR BLVD.  
FT. MYERS, FL 33919-1650**

Mailing Address  
**10420 MCGREGOR BLVD.  
FT. MYERS, FL 33919-1650**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**80-0090411**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RANDOLPH, MICHAEL D ESQ.  
1619 JACKSON ST.  
FT. MYERS, FL 33901**

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

**1000000313592  
04/18/05-80126-016 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAQUELIN, LOUIS C 10420 MCGREGOR BLVD. FT. MYERS, FL 339191650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAQUELIN, SUANNE C 10420 MCGREGOR BLVD. FT. MYERS, FL 339191650
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Louis C Caquelin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-05 239-691-4663  
Date Daytime Phone #