


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0090411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Randolph, Michael D ESQ 2235 First Street Fort Myers, FL 33901	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000870271 04/09/08-20082-025 150.00
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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 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 an address, with all other like empowered.

SIGNATURE: Louis Caquelin 3-23-08 239-691-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #