



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90002 009 ***550.00

DOCUMENT # P33088 1. Entity Name DUFRESNE-HENRY, INC.							
Principal Place of Business 54 ROUTE 106 NORTH SPRINGFIELD, VT 05150			Mailing Address 54 ROUTE 106 NORTH SPRINGFIELD, VT 05150				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				
							
			06162005 Chg-P CR2E034 (10/03)				
			4. FEI Number 03-0211223		Applied For <input type="checkbox"/> Not Applicable		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent MICHAEL, RICHARD P 299 COLDEWAY UNIT F3 PUNTA GORDA, FL 33950				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONKLIN, GERARD F. PINE BROOK CONDO G3 NORTH SPRINGFIELD, VT 05150	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Allen, Richard K 85 Bayberry Road Canton, MA 02021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ANDREWS, PETER N. 39 BREEZY HILL RD. SPRINGFIELD, VT 05156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP McLean, Patrick T 2780 Tarbell Hill Road Cavendish, VT 05142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EMERSON, GORDEN L. 9 SUNRISE TERRACE SPRINGFIELD, VT 05156	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ALLEN, GEORGE R. 7 STONEHEDGE DRIVE WILMINGTON, MA 01887	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP TRUE, NORTON G RD 1, BOX 137 BELLOWS FALLS, VT 05101	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BATES, WILLIAM 3512 TERIN COURT PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ Gorden L. Emerson 6-16-05 (802) 886-2261 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

ATTACHMENT 40088664
P33088

Directors

Gregory A. Edwards -SVP
532 Webster Road
Vergennes, VT 05491

Mark Wetzel – SVP
163 County Road
Reading, MA 01867

David Dargie – SVP
9 Charlotte Drive
Falmouth, ME 04105

Thomas Nesbitt – SVP
1400 Shaw Mansion Road
Waterbury Center, VT 05677

Stephen Plunkard – SVP
P O Box 454, Main Street
Cavendish, VT 05142



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Jeb Bush, Governor
Diane Carr, Secretary

ATTACHMENT 40088664
#P33088



JUNE 6, 2005

DUFRESNE-HENRY INC
54 ROUTE 106
SPRINGFIELD, VT 05150-0029

RECEIVED

JUN 09 2005

DUFRESNE-HENRY

RE: BOARD OF LANDSCAPE ARCHITECTURE
APPLICATION NO. 613, PROFESSION 1302

TO WHOM IT MAY CONCERN:

YOUR APPLICATION WAS RECEIVED ON JUNE 1, 2005 BY THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION.

YOUR APPLICATION CANNOT BE APPROVED FOR THE FOLLOWING REASON(S):

1. PLEASE PROVIDE A COPY OF YOUR PROPOSED BUSINESS STATIONERY WHICH CLEARLY DEFINES WHERE THE COMPANY LICENSE NUMBER WILL BE PLACED AND THE PROFESSIONAL SERVICE IS DENOTED.
2. THE QUALIFIER OF THE COMPANY, PATRICK T. MCLEAN, MUST BE ADDED TO THE OFFICER/DIRECTOR LIST FOR THE DEPARTMENT OF STATE.
3. THE QUALIFIER OF THE COMPANY MUST COMPLETE THE ATTEST STATEMENT, INCLUDING SIGNATURE AND NOTARIZATION.

RETURN ALL REQUESTED ITEMS WITH A COPY OF THIS LETTER.

THIS INFORMATION IS NEEDED TO COMPLETE YOUR APPLICATION. NO FURTHER ACTION WILL BE TAKEN ON YOUR APPLICATION UNTIL ALL INFORMATION IS RECEIVED. WHEN CORRESPONDING WITH OUR OFFICES PLEASE QUOTE APPLICATION NO. 613.

ALL CORRESPONDENCE MUST BE RETURNED TO THE ADDRESS BELOW.

THANK YOU FOR YOUR COOPERATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NUMBER BELOW.

MD

MARY DUMAS

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DBPR 0030 – Attest Statement

Florida's Future...
**Right Here.
Right Now.**

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

NOTE – This form must be submitted as part of an
application packet

APPLICANT INFORMATION

Applicant Name: PATRICK T McLEAN Social Security Number: 438 23 5042
License Applying For: LA OFFICE Application type (Check one):
Telephone Number: 802.896.2261 x 2321 Exam ☐ Initial License ☒

ATTEST STATEMENT

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education required, if any, for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

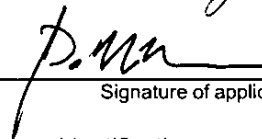
I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Signature: 

NOTARIZATION

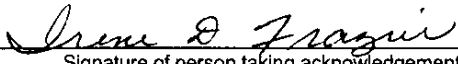
The foregoing application was sworn to and subscribed before me this 16 Day of June 20 05

by PATRICK McLEAN 
Type or print name of applicant Signature of applicant

who is personally known to me or who has produced the following as identification.

LICENSE

Type of identification

 2/10/07
Signature of person taking acknowledgement
Notary Seal
(Rubber Stamp and Expiration)

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317.