

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 031 ***150.00

DOCUMENT # P98000107799 1. Entity Name PROVENCHER PIERS, INC.	
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Principal Place of Business 261 LITTLE CANAL RD. SANTA BCH, FL 32459	Mailing Address P.O. BOX 1872 SANTA ROSA BCH, FL 32459
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DO NOT WRITE IN THIS SPACE

60033544



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3551394	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PROVENCHER, JEFFREY M 261 LITTLE CANAL RD. SANTA BCH, FL 32459

**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.

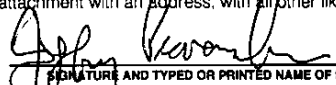
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PROVENCHER, JEFF 261 LITTLE CANAL RD. SANTA BCH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GIBSON, MICHAEL M P.O. BOX 860 FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIRKSEN, CALVIN PO BOX 1128 FREE PORT, FL 32434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  **Jeffrey Provencher** 4/17/06 (850) 231-0193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #