2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State
02-20-2008 90004 025 ***150.00

DOCUMENT # P98000107799

1. Entity Name
PROVENCHER PIERS, INC.

Principal Place of Business	Mailing Address
261 LITTLE CANAL RD. SANTA BCH, FL 32459	P.O. BOX 1872 SANTA ROSA BCH, FL 32459

DO NOT WRITE IN THIS SPACE

02052008 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PROVENCHER, JEFF
STREET ADDRESS	261 LITTLE CANAL RD.
CITY-ST-ZIP	SANTA BCH, FL 32459
TITLE	S
NAME	GIBSON, MICHAEL M
STREET ADDRESS	P.O. BOX 860
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	S
NAME	DIRKSEN, CALVIN
STREET ADDRESS	PO BOX 1128
CITY-ST-ZIP	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 M Provencher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #