

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90019 040 ***150.00

DOCUMENT # S00858

1. Entity Name

MEUNIER MARITIME CORPORATION



Principal Place of Business

652 WELLHOUSE DR
JACKSONVILLE FL 32220

Mailing Address

652 WELLHOUSE DR
JACKSONVILLE FL 32220



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3029100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MEUNIER, ALFRED J.
8006 STARGRASS COURT
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

MEUNIER, ALFRED J.

Street Address (P.O. Box Number is Not Acceptable)

652 WELLHOUSE DR

City

JACKSONVILLE

FL

Zip Code

32220

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

Alfred J. Meunier
Signature of registered agent or authorized officer

Registered Agent signature required when (reinstating)

3/28/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MEUNIER, ALFRED
STREET ADDRESS 652 WELLHOUSE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE V ☐ Delete
NAME MASCI, ANGELA B
STREET ADDRESS 4642 GREAT WESTERN WAY
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ Delete
NAME MEUNIER, LINDA
STREET ADDRESS 652 WELLHOUSE DR
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Alfred J. Meunier
Signature of officer or director

3/28/06 904-388-3690

Date

Daytime Phone #