

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 493521

**Entity Name:** PAUL JACQUIN AND SONS, INC.**Current Principal Place of Business:**7348 COMMERCIAL CIRCLE  
FT PIERCE, FL 34951**Current Mailing Address:**P.O. BOX 4343  
FT. PIERCE, FL 34948-1343**FEI Number: 59-1640441****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JACQUIN, MICHAEL E  
7348 COMMERCIAL CIRCLE  
FT PIERCE, FL 34951 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name JACQUIN, PAUL E  
Address 2707 GROVE DRIVE  
City-State-Zip: FT PIERCE FL 34981

Title S/T  
Name JACQUIN, CHERYL A  
Address 2707 GROVE DRIVE  
City-State-Zip: FT PIERCE FL 34981

Title V  
Name MODINE, JONATHAN  
Address 1740 STONYBROOK DRIVE  
City-State-Zip: FT PIERCE FL 34945

Title PRES  
Name JACQUIN, MICHAEL E  
Address 1363 BAYSHORE DRIVE  
City-State-Zip: FORT PIERCE FL 34949

Title V  
Name JACQUIN, PAUL R  
Address 1007 COPENHAVER ROAD  
City-State-Zip: FT. PIERCE FL 34945

Title S  
Name MODINE, ALYSSA  
Address 1740 STONYBROOK DRIVE  
City-State-Zip: FT PIERCE FL 34945

Title VP  
Name MODINE, JARED  
Address 497 S. BROCKSMITH RD  
City-State-Zip: FT PIERCE FL 34945

Title VP  
Name SINGLEY, CHRISTOPHER  
Address 4703 SILVER OAK DR  
City-State-Zip: FT PIERCE FL 34982

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALYSSA MODINE****SECRETARY****01/02/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	JACQUIN, ROBERT
Address	1013 COPENHAVER ROAD
City-State-Zip:	FT PIERCE FL 34945