

2014 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
17370 PINEAPPLE LANE
FT PIERCE, FL 34945 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	4320 2ND ST
City-State-Zip:	VERO BEACH FL 32968

Title	PRES
Name	JACQUIN, MICHAEL E
Address	17370 PINEAPPLE LANE
City-State-Zip:	FORT PIERCE FL 34945

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

Title	S
Name	MODINE, ALYSSA
Address	4320 2ND ST
City-State-Zip:	VERO BEACH FL 32968

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****01/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date