


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000003129
 1. Entity Name
WOODBURY PEWTERERS, INC.



Principal Place of Business: **860 MAIN STREET SOUTH WOODBURY CT 06798**
 Mailing Address: **P.O. BOX 462 WOODBURY CT 06798**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

4. FEI Number: **06-0773077** Applied For: Not Applic.:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TITCOMB, LEE R
425 ATLANTIC DR SW
LANTANA FL 33462

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 consulting)
 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 Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete	NAME: TITCOMB, LEE R	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS: 425 ATLANTIC DR. S.W.	CITY-ST-ZIP: LANTANA FL 33462	NAME: _____	STREET ADDRESS: _____
TITLE: VP <input type="checkbox"/> Delete	NAME: TITCOMB, PAUL H	TITLE: U00000518671 <input type="checkbox"/> Change <input type="checkbox"/> Add	05/01/06-80014-020 150.00
STREET ADDRESS: 235 TUTTLE RD PO BOX 885	CITY-ST-ZIP: WOODBURY CT 06798	NAME: _____	STREET ADDRESS: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	STREET ADDRESS: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	STREET ADDRESS: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	STREET ADDRESS: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	NAME: _____	STREET ADDRESS: _____

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: *[Signature]* **1-25-06 (203) 263-266**