


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000004384			
1. Entity Name STANDARD-KNAPP, INC.			
Principal Place of Business 127 MAIN ST PORTLAND CT 06480		Mailing Address 127 MAIN ST PORTLAND CT 06480	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____		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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD TANNER, ARTHUR A <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	36 CHURCH ST	NAME	
STREET ADDRESS	NOANK CT 06340	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LORENZE, A. JOHN JR	NAME	
STREET ADDRESS	281 OLD SACHEM HEAD RD	STREET ADDRESS	
CITY - ST - ZIP	GUILFORD CT 06437	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	REYNOLDS, ROBERT	NAME	
STREET ADDRESS	53 ARKAY DR	STREET ADDRESS	
CITY - ST - ZIP	HIGGANUM CT 06441	CITY - ST - ZIP	
TITLE	VPE <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WEAVER, MICHAEL J	NAME	
STREET ADDRESS	27 ISLAND AVE	STREET ADDRESS	
CITY - ST - ZIP	MADISON CT 06443	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MONTANO, MICHAEL M	NAME	
STREET ADDRESS	17 RUMFORD ST	STREET ADDRESS	
CITY - ST - ZIP	WEST HARTFORD CT 06107	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Michael M. Montano</i>		MICHAEL M. MONTANO 2-1-2005 860 342 1100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E034 (10/04)

4. FEI Number **06-1119214** Applied For Not Applicable

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

U00000217710
02/07/05-80036-012 150.00