


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000004384</b> 1. Entity Name <b>STANDARD-KNAPP, INC.</b>	
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Principal Place of Business <b>63 PICKERING ST PORTLAND CT 06480</b>	Mailing Address <b>63 PICKERING ST PORTLAND CT 06480</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E034 (10/07)

4. FEI Number <b>06-1119214</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 <input type="checkbox"/> Delete
NAME	TANNER, ARTHUR A
STREET ADDRESS	36 CHURCH ST
CITY-ST-ZIP	NOANK CT 06340
TITLE	VD <input type="checkbox"/> Delete
NAME	LORENZE, A. JOHN JR
STREET ADDRESS	31 LINDEN SHORES
CITY-ST-ZIP	BRANFORD CT 06405
TITLE	VD <input type="checkbox"/> Delete
NAME	REYNOLDS, ROBERT
STREET ADDRESS	1190 SAYBROOK RD
CITY-ST-ZIP	HADDAM CT 06438
TITLE	VPE <input type="checkbox"/> Delete
NAME	WEAVER, MICHAEL J
STREET ADDRESS	27 ISLAND AVE
CITY-ST-ZIP	MADISON CT 06443
TITLE	D <input type="checkbox"/> Delete
NAME	MONTANO, MICHAEL M
STREET ADDRESS	17 RUMFORD ST
CITY-ST-ZIP	WEST HARTFORD CT 06107
TITLE	D <input type="checkbox"/> Delete
NAME	SCHRANK, ROBERT
STREET ADDRESS	14 SOUTH STREET
CITY-ST-ZIP	CENTER MORICHES NY 11934

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U00000825461</b>
STREET ADDRESS	<b>02/21/08-80009-023 150.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Michael W Montano* **MICHAEL W MONTANO** 1/31/08 860-342-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #