


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 448691**  
 1. Entity Name  
 SEYBOLD BUILDING CORPORATION.



Principal Place of Business      Mailing Address  
 36TH NE 1ST ST.                      555 LONG WHARF DR.  
 STE 102                                      STE 14  
 MIAMI, FL 33132 US                      NEW HAVEN, CT 06511 US

**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
 06-0956104      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MERRITT, MCDONOUGH E  
 10160 COLLINS AVE.  
 SUITE 1021  
 BAL HARBOR, FL 39534

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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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUSCO, EDMUND J. 91 OLD QUARRY ROAD GUILFORD, CT 06437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUSCO-HUGHES, LYNNE 201 PODUNK ROAD GUILFORD, CT 06437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUSCO, EDMUND J JR 62 WICKFORD PLACE MADISON, CT 06443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REILLY, DENNIS M 59 GLENWOOD RD NORTH BRANFORD, CT 06471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/15/07-80033-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 persons empowered.

SIGNATURE: \_\_\_\_\_ Date: 4/23/07 Daytime Phone #: 203-977-7451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR