# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT #847998**

1. Entity Name

COSTELLO INDUSTRIES, INCORPORATED



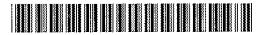
Principal Place of Business

123 COSTELLO ROAD NEWINGTON, CT 06111 Mailing Address

P.O. BOX 310444

NEWINGTON, CT 06131-0444 US

## **FILED** Mar 18, 2004 08:00 AM Secretary of State



03052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 06-0613324

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TWO THE CROSSINGS

W. HARTFORD, CT 06119

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the plants of registered agent.	surpose of changing its registered offic	26 07 10	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable (NOTE Pegistorod Agent :	រខ្មែរាងបេរខ	required when reinstating)	DATE	:
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000092023 03/18/04-80032-015 150.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COSTELLO, FRANK D 108 SOMERSET DR AVON, CT 06001					
TETLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROBINSON, JOAN 151 NEWINGTON AVE #22 NEW BRITAIN, CT					
TITLE	S,VP COSTELLO, JOHN					

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CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accounts 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 of the receiver or trustee empenings to execute his 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 the other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS