

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847998

FILED  
Jan 03, 2007  
Secretary of State

**Entity Name:** COSTELLO INDUSTRIES, INCORPORATED

**Current Principal Place of Business:**

123 COSTELLO ROAD  
NEWINGTON, CT 06111

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 310444  
NEWINGTON, CT 061310444 US

**New Mailing Address:**

**FEI Number:** 06-0613324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: COSTELLO, FRANK D  
Address: 108 SOMERSET DR  
City-St-Zip: AVON, CT 06001

Title: AS ( ) Delete  
Name: ROBINSON, JOAN  
Address: 151 NEWINGTON AVE #22  
City-St-Zip: NEW BRITAIN, CT

Title: S,VP ( ) Delete  
Name: COSTELLO, JOHN  
Address: TWO THE CROSSINGS  
City-St-Zip: W. HARTFORD, CT 06119

Title: AS ( ) Delete  
Name: BARGER, RICH L  
Address: 93 OAK STREET  
City-St-Zip: HARTFROD, CT 06103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HOURIGAN

CFO

01/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date