

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90185 020 ***150.00

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1. Entity Name
POINTER DEVELOPMENT COMPANY, INC.



Principal Place of Business

4053 MAPLE ROAD
AMHERST, NY 14226

Mailing Address

4053 MAPLE ROAD
AMHERST, NY 14226

40073034



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1343168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NARINS, CLARKE H
STREET ADDRESS 4053 MAPLE ROAD
CITY-ST-ZIP AMHERST, NY 14226

TITLE VTD
NAME GELMAN, GEORGE I
STREET ADDRESS 4053 MAPLE ROAD
CITY-ST-ZIP AMHERST, NY 14226

TITLE V
NAME LONGO, STEVEN J
STREET ADDRESS 4053 MAPLE ROAD
CITY-ST-ZIP AMHERST, NY 14226

TITLE CDS
NAME GELLMAN, ARTHUR M
STREET ADDRESS 4053 MAPLE ROAD
CITY-ST-ZIP AMHERST, NY 14226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Longo
Vice President

4/27/06

Date

Daytime Phone #