## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F01000001926 FILED 1. Entity Name HONTZ ELEVATOR OF FLORIDA, INC. 2006 JUL -6 PM 12: 50 Principal Place of Business Mailing Address DIVIDION OF OUNPURATIONS P.O. BOX 1717 1271 LA QUINTA DR TALLAHASSEE, FLORIDA WALLINGFORD, CT 06492-1717 UNIT 4 ORLANDO, FL 32809 2. Principal Place of Business 3. Mailing Address 850 Brook Street Suite, Apt. #, etc. Suite, Apt. #, etc. 06122006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Rocky Hill, CT 06-1614598 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 06067 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T Corporation System POHL & SHORT, P.A. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 280 W. CANTON AVE. **SUITE 410** WINTER PARK, FL 32789 Zip Code 33324 <u>Plantation</u> registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this state purpose of changing its reg ment for the the obliga as of registered agent. SIGNATUR (NOTE Regis DATE FILE NOW!! FEE TS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Detete TITLE X Addition Change John R. Impellizzeri HONTZ, DRUE JR. NAME NAME 850 Brook Street 260 BURRAGE CT STREET ADDRESS STREET ADDRESS Rocky Hill, CT 06067 CHESHIRE, CT 06410 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE X Change Addition Stewart M. Gisser NAME HONTZ, CHERYL NAME 850 Brook Street STREET ADDRESS 260 BURRAGE CT STREET ADDRESS Rocky Hill, CT 06067 CITY-ST-ZIP CITY-ST-ZIP CHESHIRE, CT 06440 Delete TELLE TITLE P/D Change ☐ Addition John S. M. Karnash NAME NAME 850 Brook Street STREET ADDRESS STREET ADDRESS Rocky Hill, CT 06067 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete Change TITLE TITLE Addition 600077388536 07/12/06--01027--004 \*\*\$\$0.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on 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: