

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000002832

1. Entity Name  
CONRAD FAFARD, INC.



Principal Place of Business

770 SILVER STREET  
AGAWAM, MA 01001

Mailing Address

P.O. BOX 790  
AGAWAM, MA 01001-0790

**DO NOT WRITE IN THIS SPACE**



04302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
04-2040741

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KALLOO, GILBERT  
3723 HOGSHEAD ROAD  
APOPKA, FL 32703

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

**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

U000000562970  
05/19/06-80076-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE CP  
NAME FAFARD, ANDRE J  
STREET ADDRESS 770 SILVER STREET  
CITY-ST-ZIP AGAWAM, MA 01001

TITLE DV  
NAME FAFARD, ROBERT J  
STREET ADDRESS 770 SILVER STREET  
CITY-ST-ZIP AGAWAM, MA 01001

TITLE D  
NAME CATELLIER, EDWARD J  
STREET ADDRESS 770 SILVER STREET  
CITY-ST-ZIP AGAWAM, MA 01001

TITLE D  
NAME JOSEPH NORMAND ROBERTS  
STREET ADDRESS ROUTE 116  
CITY-ST-ZIP EAST MIDDLEBURY, VT 05740

TITLE S  
NAME AGNOLI, ROBERT G  
STREET ADDRESS 1391 MAIN STREET  
CITY-ST-ZIP SPRINGFIELD, MA 01103

TITLE T  
NAME KING, THOMAS JR.  
STREET ADDRESS 770 SILVER STREET  
CITY-ST-ZIP AGAWAM, MA 01001

**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

5/1/06  
Date

413-786-4343  
Daytime Phone #