

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002120

1. Entity Name
WEBER-KNAPP COMPANY



Principal Place of Business
**441 CHANDLER ST.
JAMESTOWN, NY 14702-0518**

Mailing Address
**441 CHANDLER ST.
JAMESTOWN, NY 14702-0518**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-0997721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JENKINS, JUDY
2477 JOHNNA COURT
PALM HARBOR, FL 34685-2032**

**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 *Judy A. Jenkins*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
MCCRAY, REX E
441 CHANDLER ST. PO. BOX 518
JAMESTOWN, NY 147020518**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
MILLER, ROBERT
425 POST RD
FAIRFIELD, CT 06430**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
ZITNAY, ROBERT
425 POST RD
FAIRFIELD, CT 06430**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 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 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: *RS M'S*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2004 (716) 484-9135
Date Daytime Phone #