

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2009  
Secretary of State**

DOCUMENT# F05000003861

Entity Name: BOZZUTO'S, INC.

**Current Principal Place of Business:**

275 SCHOOLHOUSE RD  
CHESHIRE, CT 06410

**New Principal Place of Business:**

**Current Mailing Address:**

275 SCHOOLHOUSE RD  
CHESHIRE, CT 06410

**New Mailing Address:**

FEI Number: 06-0606469      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KELLEY, CRAIG I ESQ  
1665 PALM BEACH LAKES BLVD., SUITE 1000  
WEST PALM BEACH, FL 33401 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: DP ( ) Delete  
Name: BOZZUTO, MICHAEL A  
Address: 275 SCHOOLHOUSE RD  
City-St-Zip: CHESHIRE, CT 06410

Title: DVP ( ) Delete  
Name: BOZZUTO, JAYNE A  
Address: 275 SCHOOLHOUSE RD  
City-St-Zip: CHESHIRE, CT 06410

Title: VP ( ) Delete  
Name: WOOD, ROBERT H  
Address: 275 SCHOOLHOUSE RD  
City-St-Zip: CHESHIRE, CT 06410

Title: S ( ) Delete  
Name: HOULE, PATRICIA S  
Address: 275 SCHOOLHOUSE RD  
City-St-Zip: CHESHIRE, CT 06410

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

Title: D ( ) Change (X) Addition  
Name: KNOX, CHARLES H  
Address: 275 SCHOOLHOUSE ROAD  
City-St-Zip: CHESHIRE, CT 06410 US

Title: D ( ) Change (X) Addition  
Name: RUSSELL, BYRON  
Address: 275 SCHOOLHOUSE ROAD  
City-St-Zip: CHESHIRE, CT 06410

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA S. HOULE

S

03/30/2009

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

\_\_\_\_\_  
Date