

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F92000000108**

1. Entity Name  
**NEW HAMPSHIRE STRUCTURES UNLIMITED, INC.**



Principal Place of Business  
**88 PINE STREET  
MANCHESTER, NH 03103**

Mailing Address  
**P.O. BOX 4105  
LICENSING DEPT  
MANCHESTER, NH 03108-4105**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0275498</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES ST  
SUITE 105  
TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ (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

**U00000481474  
04/11/06-80033-016 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KELLER, ROBERT R JR  
STREET ADDRESS ROCKY POINT ROAD  
CITY-ST-ZIP BOW, NH 03304

TITLE STD  
NAME GARFIELD, KATHERINE  
STREET ADDRESS 13 AUDLEY DIVIDE  
CITY-ST-ZIP BOW, NH 03304

TITLE CD  
NAME KELLER, ROBERT R  
STREET ADDRESS 10 HERITAGE ROAD  
CITY-ST-ZIP BEDFORD, NH 03102

TITLE D  
NAME KELLER, RICHARD R  
STREET ADDRESS STRAWBERRY HILL ROAD  
CITY-ST-ZIP BEDFORD, NH 03102

TITLE VP  
NAME KELLER, BRUCE M  
STREET ADDRESS 1111 CANDIA ROAD  
CITY-ST-ZIP MANCHESTER, NH 03109

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: Katherine Garfield **Katherine Garfield 3-7706 603 677-7877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #