→2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000005223

1. Entity Name

BLAZZARD, GRODD & HASENAUER, P.C.



Principal Place of Business

943 POST ROAD EAST

P.O. BOX 5108

WESTPORT, CT 06881

"Mailing Address

943 POST ROAD EAST" P.O. BOX 5108___

WESTPORT, CT 06881

FILED

Apr 12, 2004 08:00 AM Secretary of State

03082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 06-1045124 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HASENAUER, JUDITH A 4401 WEST TRADEWINDS AVE SUITE 207 FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

		ii		
	named entity submits this statement for the pions of registered agent.	surpase of changing its registered office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept —
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable. {NOTE, Replatered Agent signal	are required when reinstating)	DATE
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	
16. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAZZARD, NORSE N 943 POST ROAD EAST WESTPORT, CT 06880			U00000108907 04/12/04-80022-007 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	SD _ HASENAUER, JUDITH A 943 POST ROAD EAST WESTPORT, CT 06880	· · · · · ·		· · · · · · · · · · · · · · · · · · ·
THE NAME STREET ADDRESS CITY-ST-ZIP	VTD GRODD, LESLIE E 943 POST ROAD EAST WESTPORT, CT 06880		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HASENAUER, WILLIAM E 943 POST ROAD EAST WESTPORT, CT 06880		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'HARA, RAYMOND A III 943 POST ROAD EAST WESTPORT, CT 06880			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONE, LYNN K. 943 POST RD EAST WESTPORT, CT	—		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 (9.07(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:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Daytime Phone *