2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F94000005223

1. Entity Name
BLAZZARD, GRODD & HASENAUER, P.C.

Principal Place of Business	Mailing Address
943 POST ROAD EAST P.O. BOX 5108 WESTPORT, CT 06881	943 POST ROAD EAST P.O. BOX 5108 WESTPORT, CT 06881

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

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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 reinstating)

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	PD
NAME	BLAZZARD, NORSE N
STREET ADDRESS	943 POST ROAD EAST
CITY-ST-ZIP	WESTPORT, CT 06880
TITLE	SD
NAME	HASENAUER, JUDITH A
STREET ADDRESS	943 POST ROAD EAST
CITY-ST-ZIP	WESTPORT, CT 06880
TITLE	VTD
NAME	GRODD, LESLIE E
STREET ADDRESS	943 POST ROAD EAST
CITY-ST-ZIP	WESTPORT, CT 06880
TITLE	VD
NAME	HASENAUER, WILLIAM E
STREET ADDRESS	943 POST ROAD EAST
CITY-ST-ZIP	WESTPORT, CT 06880
TITLE	VD
NAME	O'HARA, RAYMOND A III
STREET ADDRESS	943 POST ROAD EAST
CITY-ST-ZIP	WESTPORT, CT 06880
TITLE	VD
NAME	STONE, LYNN K.
STREET ADDRESS	943 POST RD EAST
CITY-ST-ZIP	WESTPORT, CT

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04/12/04-80022-007 150.00

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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: W. Hasenauer V. Pres. 4/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #