

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90146 033 \*\*\*150.00

<b>DOCUMENT # F94000005223</b> 1. Entity Name <b>BLAZZARD, GRODD &amp; HASENAUER, P.C.</b>			
Principal Place of Business <b>943 POST ROAD EAST P.O. BOX 5108 WESTPORT, CT 06881</b>		Mailing Address <b>943 POST ROAD EAST P.O. BOX 5108 WESTPORT, CT 06881</b>	
2. Principal Place of Business - No P.O. Box # <b>1375 Kings Highway East</b> Suite, Apt. #, etc. <b>Suite 220</b> City & State <b>Fairfield, CT</b> Zip <b>06824</b>		3. Mailing Address <b>1375 Kings Highway East</b> Suite, Apt. #, etc. <b>Suite 220</b> City & State <b>Fairfield, CT</b> Zip <b>06824</b>	
4. FEI Number <b>06-1045124</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		01082007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>HASENAUER, JUDITH A 4401 WEST TRADEWINDS AVE SUITE 207 FT LAUDERDALE, FL 33308</b>		7. Name and Address of New Registered Agent Name <b>Judith A. Hasenauer</b> Street Address (P.O. Box Number is Not Acceptable) <b>Federal Tower, Suite 500</b> <b>1600 South Federal Highway</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33062</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAZZARD, NORSE N 943 POST ROAD EAST WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Federal Tower, Suite 500</b> <b>1600 South Federal Highway</b> <b>Pompano, FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASENAUER, JUDITH A 943 POST ROAD EAST WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Federal Tower, Suite 500</b> <b>1600 South Federal Highway</b> <b>Pompano Beach, FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GRODD, LESLIE E 943 POST ROAD EAST WESTPORT, CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HASENAUER, WILLIAM E 943 POST ROAD EAST WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1375 Kings Highway East, Suite 220</b> <b>Fairfield, CT 06824</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'HARA, RAYMOND A III 943 POST ROAD EAST WESTPORT, CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VTD</b> <b>1375 Kings Highway East, Suite 220</b> <b>Fairfield, CT 06824</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONE, LYNN K. 943 POST RD EAST WESTPORT, CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1375 Kings Highway East, Suite 220</b> <b>Fairfield, CT 06824</b>
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: <u><i>William E Hasenauer</i></u>		3/27/07 203 334 1500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR		Date Daytime Phone #	



**ATTACHMENT 40046192**  
**Division of Corporations**

**2007 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the  
annual report form.**

This information cannot be changed on the report.	
Document Number	F94000005223
Business Entity Name	BLAZZARD, GRODD & HASENAUER, P.C.
Original File Date	10/07/1994

FEI Number 06-1045124

Principal Address 943 POST ROAD EAST  
P.O. BOX 5108  
WESTPORT, CT 06881

Mailing Address 943 POST ROAD EAST  
P.O. BOX 5108  
WESTPORT, CT 06881

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

**Officer/Director Name And Address**

PD  
NORSE N BLAZZARD  
943 POST ROAD EAST  
WESTPORT, CT 06880

SD  
JUDITH A HASENAUER  
943 POST ROAD EAST  
WESTPORT, CT 06880

VTD  
LESLIE E GRODD  
943 POST ROAD EAST  
WESTPORT, CT 06880

VD  
WILLIAM E HASENAUER  
943 POST ROAD EAST

## ATTACHMENT

WESTPORT, CT 06880

VD  
III RAYMOND A O'HARA  
943 POST ROAD EAST  
WESTPORT, CT 06880

VD  
LYNN K. STONE  
943 POST RD EAST  
WESTPORT, CT

40046192  
# F94000005223

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes

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