

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90039 046 \*\*\*150.00

**DOCUMENT # F95000000329**

1. Entity Name

**GINTEL ASSET MANAGEMENT, INC.**



Principal Place of Business

**191 POST ROAD WEST  
WESTPORT CT 06880**

Mailing Address

**500B MONROE TPKE  
MONROE CT 06468**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-0871969**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CFOS	<input checked="" type="checkbox"/> Delete
NAME	GERSTEIN, ELLEN J	
STREET ADDRESS	111 FOXBORO DRIVE	
CITY-ST-ZIP	NORWALK CT 06851	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GINSBERG, DEBRA L	
STREET ADDRESS	315 CAMPANA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	STAVRIDES, STEPHEN G	
STREET ADDRESS	20 CARRIE CIRCLE	
CITY-ST-ZIP	FAIRFIELD CT 06825	
TITLE	CEOC	<input type="checkbox"/> Delete
NAME	GINTEL, ROBERT M	
STREET ADDRESS	5 BAYRIDGE RD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	GINTEL, BARBARA L	
STREET ADDRESS	5 BAYRIDGE ROAD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VT	<input type="checkbox"/> Delete
NAME	Daden, Regina	
STREET ADDRESS	374 Cutlers Farm Rd.	
CITY-ST-ZIP	Monroe, CT 06468	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Regina Daden, Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 205-209-1579  
Date Daytime Phone #