

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90014 050 ***150.00

DOCUMENT # F95000004384

1. Entity Name

STANDARD-KNAPP, INC.



Principal Place of Business

127 MAIN ST
PORTLAND CT 06480

Mailing Address

127 MAIN ST
PORTLAND CT 06480

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 06-1119214

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME TANNER, ARTHUR A
STREET ADDRESS 36 CHURCH ST
CITY-ST-ZIP NOANK CT 06340

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LORENZE, A. JOHN JR
STREET ADDRESS 281 OLD SACHEM HEAD RD
CITY-ST-ZIP GUILFORD CT 06437

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 31 LINDEN SHORES
CITY-ST-ZIP BRANFORD, CT 06405

TITLE VD ☐ Delete
NAME REYNOLDS, ROBERT
STREET ADDRESS 53 ARKAY DR
CITY-ST-ZIP HIGGANUM CT 06441

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1790 SAYBROOK ROAD
CITY-ST-ZIP HADDAM, CT 06438

TITLE VPE ☐ Delete
NAME WEAVER, MICHAEL J
STREET ADDRESS 27 ISLAND AVE
CITY-ST-ZIP MADISON CT 06443

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MONTANO, MICHAEL M
STREET ADDRESS 17 RUMFORD ST
CITY-ST-ZIP WEST HARTFORD CT 06107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael M. Montano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL M. MONTANO

2/7/2006

Date

8603421100

Daytime Phone #