

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90011 012 \*\*\*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 - No P.O. Box #

63 PICKERING ST.

3. Mailing Address

63 PICKERING ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

PORTLAND CT

City & State

PORTLAND, CT

4. FEI Number

06-1119214

Applied For

Not Applicable

Zip

06480

Country

USA

Zip

06480

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2007 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 PD ☐ Delete  
NAME TANNER, ARTHUR A  
STREET ADDRESS 36 CHURCH ST  
CITY ST ZIP NOANK CT 06340

TITLE VD ☐ Delete  
NAME LORENZE, A. JOHN JR  
STREET ADDRESS 31 LINDEN SHORES  
CITY ST ZIP BRANFORD CT 06405

TITLE VD ☐ Delete  
NAME REYNOLDS, ROBERT  
STREET ADDRESS 1190 SAYBROOK RD  
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 D ☐ Delete  
NAME MONTANO, MICHAEL M  
STREET ADDRESS 17 RUMFORD ST  
CITY ST ZIP WEST HARTFORD CT 06107

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME SCHRANK, ROBERT  
STREET ADDRESS 14 SOUTH STREET  
CITY ST ZIP CENTER MORICHES, NY 11934

TITLE D ☐ Change ☒ Addition  
NAME SWOYER, SAMUEL H  
STREET ADDRESS 5 BRICKYARD RD  
CITY ST ZIP CLINTON, CT 06413

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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 W Montano*

MICHAEL W MONTANO 1/30/07 (860) 342-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #