

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 21, 2006 08:00 AM
Secretary of State**

DOCUMENT # F96000001109

1. Entity Name
CATTLECAR OF DELAWARE, INC.



Principal Place of Business
**HORIZON OUTLET CENTER
1712 94TH DR, SPACE G110
VERO BEACH, FL 32966 US**

Mailing Address
**1 REGENT ST.
EAST NORWALK, CT 06856**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1447920

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
DOONEY, H P
1 REGENT ST.
EAST NORWALK, FL 06856**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
KINSLEY, PHILIP
1 REGENT ST.
EAST NORWALK, CT 06856**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
BOURKE, FREDERIC A JR
1 REGENT ST.
EAST NORWALK, CT 06856**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000443157
03/04/06-80050-007 150.00

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IN THIS SPACE**

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:

Philip Kinsley V.P. 2/13/06 (203) 853-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone