

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # F97000004894

1. Entity Name
CURBELL, INC.



Principal Place of Business

**7 COBHAM DR
ORCHARD PARK, NY 14127**

Mailing Address

**7 COBHAM DR
ORCHARD PARK, NY 14127**

DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number
16-0725141

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**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000657460
03/14/07-80068-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCTD
LEONE, THOMAS E
7 COBHAM DR
ORCHARD PARK, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LEONE, HILKKA
67 OLD FARM RD
ORCHARD PARK, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PINO, CARMEN J
38 KOSTER ROW
AMHERST, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SABUDA, CHRISTINE
137 ST JAMES PLACE
BUFFALO, NY 14222**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. LEONE

2/27/07
Date

716-667-3377
Daytime Phone #