## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 02, 2005 08:00 AM Secretary of State **DOCUMENT # F98000001946** 1. Entity Name REICHMAN, KARTEN, SWORD, INC. Principal Place of Business \_\_\_\_ Mailing Address 98 MILL PLAIN RD 98 MILL PLAIN RD SUITE 301-A SUITE 301-A DANBURY, CT 06811 DANBURY, CT 06811 CR2E034 (10/03) 01172005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-2784483 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GRASTATARO, CARMINE DO NOT WRITE 3069 DOYBERRY COURT CLEARWATER, FL 33761 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000711944 Trust Fund Contribution. Added to Fees 02/03/05-80009-021 150.00 OFFICERS AND DIRECTORS 10. PCSD TITLE REICHMAN, DAVID NAME STREET ADDRESS 98 MILL PLAIN RD., SUITE 301-A CITY-ST-ZIP DANBURY, CT 06811 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 a

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Reichman

01/28/05

(203) 791-1377

Daytime Phone #