

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 06, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000004264

1. Entity Name
WILLIAM F. COSULICH ASSOCIATES, P.C.



Principal Place of Business
330 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797-2015

Mailing Address
330 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797-2015



07252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2393559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 \$550.00
Due by September 14, 2007**

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	PTCD BARTILUCCI, NICHOLAS J 355 STILLWELL LANE LAUREL HOLLOW, NY 11791
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHLUPSA, HENRY J 3 CLOVER DRIVE SMITHTOWN, NY 11787
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FANGMANN, STEVEN A 239 SOUTHWOOD CIRCLE SYOSSET, NY 11791
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIRANDO, JOHN A 45 REID AVENUE ROCKVILLE CENTRE, NY 11570
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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09/06/07-80004-006 558.75

**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: Nicholas J. Bartilucci NICHOLAS J. BARTILUCCI, PRESIDENT 8/22/07 516-364-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #