

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90253 048 ***150.00

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1. Entity Name
CALICO COTTAGE, INC.



Principal Place of Business
**210 NEW HIGHWAY
AMITYVILLE, NY 11701-1116**

Mailing Address
**ATT: DARA ROMANO
210 NEW HIGHWAY
AMITYVILLE, NY 11701-1116**

60002982



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2687580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**LESNICK, IRVING
150 E. PALMETTO PARK RD.
STE 500
BOCA RATON, FL 33432**

**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, 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	PD WURZEL, MARK L 126 BROOKVILLE ROAD BROOKVILLE, NY 11545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WURZEL, LAWRENCE J 8 HIGH OAKS COURT HUNTINGTON, NY 11743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LESNICK, IRVING I 7579 IMPERIAL DRIVE APT. #201A BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD JACKNIS, I. MARTIN 10 WEST BROADWAY, APT 9H LONG BEACH, NY 11561
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: *Lawrence J Wurzel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/06

631-8412100