

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L28594**

1. Entity Name  
TOLLMAN-HUNDLEY COURT CORP.



Principal Place of Business  
2424 ROUTE 52  
HOPWELL JUNCTION, NY 12533

Mailing Address  
2424 ROUTE 52  
HOPWELL JUNCTION, NY 12533



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2982095

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST  
TALLAHASSEE, FL 32301

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TOLLMAN, BEATRICE
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	VPD
NAME	KENDZIERA, CRAIG
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533
TITLE	VP
NAME	STEENHUSIEN, ROBERT
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	VPS
NAME	PLEMMONS, JODEE
STREET ADDRESS	2424 ROUTE 52
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000939261  
05/28/08-80020-025 150.00

**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

Date

Daytime Phone #