

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32701**

1. Entity Name  
**CAMP GOOD DAYS AND SPECIAL TIMES, INC.**



Principal Place of Business  
**1332 PITTSFORD-MENDON RD  
MENDON, NY 14506**

Mailing Address  
**1332 PITTSFORD-MENDON RD  
MENDON, NY 14506**



02072006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-2329654**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

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

**YOUR CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE 1  
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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DC
NAME	MERVIS, GARY H.
STREET ADDRESS	81 ELLINGWOOD DR
CITY-ST-ZIP	ROCHESTER, NY
TITLE	OT
NAME	MERCIER, MICHAEL
STREET ADDRESS	41 CANTERBURY TRAIL
CITY-ST-ZIP	FAIRPORT, NY
TITLE	DP
NAME	NATAPOW, STEVE
STREET ADDRESS	120 CORPORATE WOODS
CITY-ST-ZIP	ROCHESTER, NY
TITLE	SD
NAME	CORDELLO, RAYMOND D
STREET ADDRESS	50 ANYTRELL DR
CITY-ST-ZIP	WEBSTER, NY
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 617, 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

**Raymond D. Cordello**

**2-7-06**

Date

**585-624-5555**

Daytime Phone #