

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

01-23-2006 90052 027 ****50.00
03-03-2006 90097 049 ***100.00

DOCUMENT # P02000051946					
1. Entity Name C L SIESTA, INC.					
Principal Place of Business C/O BUILDING & LAND TECHNOLOGY 501 MERRITT 7 - PENTHOUSE NORWALK, CT 06851 US			Mailing Address C/O BUILDING & LAND TECHNOLOGY 501 MERRITT 7 - PENTHOUSE NORWALK, CT 06851 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 51-0424682			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEA, JOHN J 2940 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239			Name Street Address (P.O. Box Number is Not Acceptable) 269 South Osprey Ave, Suite 100 City <u>Sarasota</u> FL Zip Code <u>34236</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election/Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CALLANEN, PHILIP E 3410 FLAMINGO AVE. SARASOTA, FL 34242				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BROWN, NORMAN 10 HILLTOP ROAD SO. NORWALK, CT 06854				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete KUEHNER, CARL R 44 OLD ROCK LANE NORWALK, CT 06850				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12 Valley Road Norwalk, CT 06854				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Philip Callanen</u> 1/16/06 203-846-6153 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment



40023048

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FEB 16 2006

January 28, 2006

C L SIESTA, INC.
C/O BUILDING & LAND TECHNOLOGY
501 MERRITT 7 - PENTHOUSE
NORWALK, CT 06851 US

2/16/06

OK to 7th

- DAB

Subject: C L SIESTA, INC.

Reference Number:

P02000051946

120

1460.01

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. ~~If a certificate of status is desired, please add an additional \$8.75.~~

There is a balance due of \$100.00.

ENTERED

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

Make payable to "Florida Dept. of State"