

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90076 012 \*\*\*150.00

400000



01162007 Chg-P CR2E034 (12/06)

4. FEI Number **34-0977231** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> Delete
NAME	KURNATH, JOSEPH MD	
STREET ADDRESS	6 CRANSWICK LN.	
CITY-ST-ZIP	ROCHESTER, NY 14618	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERNA, CHRISTOPHER D	
STREET ADDRESS	5 KINGSFORD DRIVE	
CITY-ST-ZIP	PITTSFORD, NY 14534	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COX, RALPH W	
STREET ADDRESS	18 CAYWOOD CIRCLE	
CITY-ST-ZIP	FAIRPORT, NY 14450	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUDA, EMIL D	
STREET ADDRESS	23 OLD WESTFALL DR	
CITY-ST-ZIP	ROCHESTER, NY 14610	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUSH, CHERYL L	
STREET ADDRESS	5527 BARBER HILL ROAD	
CITY-ST-ZIP	GENESEO, NY 14454	
TITLE	VPFI	<input type="checkbox"/> Delete
NAME	NAYLON, WILLIAM L.	
STREET ADDRESS	517 BRIXTON TRAIL	
CITY-ST-ZIP	WEBSTER, NY 14580	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher C. Booth	
STREET ADDRESS	10 Northstone Rise	
CITY-ST-ZIP	Pittsford, NY 14534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

1/17/07 (585) 399-6644