

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P06613

1. Entity Name
FAFARD, INC.



Principal Place of Business

3723 HOGSHEAD ROAD
PLYMOUTH, FL 32703 US

Mailing Address

P.O. BOX 790
AGAWAM, MA 01001 US

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-2681807

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KALLOO, GILBERT
4855 PIERCE ARROW DR
APOPKA, FL 32712

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000156907
05/05/04-2003-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | VD |
| NAME | FAFARD, ANDRE |
| STREET ADDRESS | 100 SOUTH BROOK RD |
| CITY-STATE-ZIP | EAST LONGMEADOW, MA |
| TITLE | T |
| NAME | KING, THOMAS JR. |
| STREET ADDRESS | 20 HALLADAY DR. |
| CITY-STATE-ZIP | FEEDING HILLS, MA |
| TITLE | S |
| NAME | JARAHIAN, STEVE |
| STREET ADDRESS | 1206 RUTLEDGE ST |
| CITY-STATE-ZIP | ANDERSON, SC 29621 |
| TITLE | P |
| NAME | FAFARD, ROBERT |
| STREET ADDRESS | 106 SANFORD ST. |
| CITY-STATE-ZIP | EAST LONGMEADOW, MA 01028 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert J. Fafard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Fafard

Date

4/29/04 413-786-4343

Daytime Phone #