2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P12729

1. Entity Name
WES-GARDE COMPONENTS GROUP, INC.

Principal Place of Business	Mailing Address
190 ELLIOTT STREET HARTFORD, CT 06114	190 ELLIOTT STREET HARTFORD, CT 06114

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-0948291
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LEMANSKI, JOSEPH
STREET ADDRESS	190 ELLIOTT STREET
CITY-ST-ZIP	HARTFORD, CT 06114
TITLE	V
NAME	GALLARY, JOHN
STREET ADDRESS	190 ELLIOTT ST.
CITY-ST-ZIP	HARTFORD, CT
TITLE	VP
NAME	SORENSON, JR., ROBERT C
STREET ADDRESS	190 ELLIOTT STREET
CITY-ST-ZIP	HARTFORD, CT 06114
TITLE	P
NAME	SORENSON, SR., ROBERT C
STREET ADDRESS	190 ELLIOTT STREET
CITY-ST-ZIP	HARTFORD, CT 06114
TITLE	VP
NAME	SORENSON, WESLEY
STREET ADDRESS	190 ELLIOTT STREET
CITY-ST-ZIP	HARTFORD, CT 06114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000547646
05/12/06-80034-001 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J Gallary 4-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #