


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P31741
1. Entity Name
STANDARD BELLOWS CO.



Principal Place of Business
**375 TURNPIKE RD.
WINDSOR LOCKS, CT 06096**

Mailing Address
**375 TURNPIKE RD.
WINDSOR LOCKS, CT 06096**

DO NOT WRITE IN THIS SPACE



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number
06-0775212 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STANLEY TKACZ, JR.
14 HUNTSMAN LOOK
ORMOND BEACH, FL 32174**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TKACZ, STANLEY, JR. 14 HUNTSMAN LOOK ORMOND BEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TKACZ, THOMAS 24 HAYES RD BARKHAMSTED N CANTON, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/13/04-80002-004 550.00

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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 807, 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: Stanley Tkacz **Stanley Tkacz** 7-07-04 860-23-2307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #