

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90462 010 ***150.00

60032191



02072006 Chg-P CR2E034 (11/05)

4. FEI Number **58-2371917** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GACIOCH, WILLIAM T
950 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name **GACIOCH, WILLIAM T**
Street Address (P.O. Box Number is Not Acceptable)
15101 QUAILS BLUFF CIRCLE
City **LAKE WALES** FL Zip Code **33853**

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, 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	D	<input type="checkbox"/> Delete
NAME	GACIOCH, WILLIAM T	
STREET ADDRESS	4221 N. BUFFALO ST	
CITY-ST-ZIP	ORCHARD PARK, NY 14127	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANNON, KATHERINE A	
STREET ADDRESS	4221 N BUFFALO ST	
CITY-ST-ZIP	ORCHARD PARK, NY 14127	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GACIOCH, MICHAEL T	
STREET ADDRESS	4221 N BUFFALO ST	
CITY-ST-ZIP	ORCHARD PARK, NY 14127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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, 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 #

Michael T. Gacoch

4/25/06 710 602-0860