

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003336

FILED  
Aug 02, 2004  
Secretary of State

Entity Name: FRENCH & PARRELLO ASSOCIATES, P.A.

**Current Principal Place of Business:**

670 NORTH BEERS STREET BLDG 3  
HOLMDEL, NJ 07733

**New Principal Place of Business:**

**Current Mailing Address:**

670 NORTH BEERS STREET BLDG 3  
HOLMDEL, NJ 07733

**New Mailing Address:**

FEI Number: 13-2800489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SMITH, LANCE B  
1109 EAST MARINE WAY UNIT L3R  
OLD PORT COVE  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: FRENCH, LAURENCE E  
Address: 2164 HIDDEN BROOK DRIVE  
City-St-Zip: WALL, NJ 07719

Title: PCEO ( ) Delete  
Name: PARRELLO, ARGO T  
Address: 61 CARNEGIE COURT  
City-St-Zip: MIDDLETOWN, NJ 07748

Title: VP ( ) Delete  
Name: HELLER, JAMES B  
Address: 24 BUENA VISTA AVENUE  
City-St-Zip: FAIR HAVEN, NJ 07704

Title: VP ( ) Delete  
Name: EDWARDS, JOSEPH M  
Address: 15 ALGONQIN TERRACE  
City-St-Zip: ENGLISHTOWN, NJ

Title: VP ( ) Delete  
Name: WATKINS, SCOTT D  
Address: 2418 ORCHARD CREST BLVD  
City-St-Zip: MANASQUAN, NJ 08736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENCE E. FRENCH

COB

08/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date