

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90045 016 ***150.00

DOCUMENT # P01000109744 1. Entity Name DUFFY-CAHILL OF FLORIDA, INC.			
Principal Place of Business JERRI NIELSEN 16474 BOCILLA PALM CT #11 BOKEELIA, FL 33923		Mailing Address % PHIL CAHILL 8609 WESTERN RES RD. CANFIELD, OH 44406	
2. Principal Place of Business - No P.O. Box # 8609 Western Reserve		3. Mailing Address Suite, Apt. #, etc.	
City & State Canfield, Ohio		City & State Canfield, Ohio	
Zip 44406		Country USA	
4. FEI Number 34-1913494		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CAHILL, PHIL 11941 MALLARD LANE BONITA SPRINGS, FL 34135	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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: <u>Philip Cahill</u> <u>Philip Cahill V. P.</u> <u>4/12/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIELSEN, JERRI L 16474 BOCILLA PALM CT #11 BOKEELIA, FL 33923	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIELSEN-FITGERALD JERRI L 72 DAVIS ROAD SOUTHWICK, MA 01077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAHILL, PHILIP 11941 MALLARD LANE BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Cahill, Philip 8609 Western Reserve Rd Canfield, OH 44406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Philip Cahill</u> <u>Philip Cahill V. P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/12/08</u> <u>330.533-6333</u> <small>Date Daytime Phone #</small>	

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