

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90053 045 ***150.00

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1. Entity Name
THOMAS D RIELLY, PA



Principal Place of Business
**613 3RD AVE N
LAKE WORTH, FL 33460**

Mailing Address
**613 3RD AVE N
LAKE WORTH, FL 33460**

54028256

2. Principal Place of Business
20 WINDSOR Rd. EAST
Suite, Apt. #, etc.

3. Mailing Address
20 WINDSOR Rd. EAST
Suite, Apt. #, etc.



04052004 Chg-P CR2E034 (10/03)

City & State
Jupiter, FLORIDA
Zip
33469 Country
PALE BEACH

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Jupiter, FLORIDA
Zip
33469 Country
PALE BEACH

4. FEI Number
02-0590986 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIELLY, THOMAS D
613 3RD AVE N
LAKE WORTH, FL 33460**

7. Name and Address of New Registered Agent

Name
Rielly, Thomas D
Street Address (P.O. Box Number is Not Acceptable)
20 WINDSOR Rd. EAST
City
JUPITER FL Zip Code
33469

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)

4/5/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 ☐ Delete
NAME
RIELLY, THOMAS D
STREET ADDRESS
613 3RD AVE N
CITY-ST-ZIP
LAKE WORTH, FL 33460

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Change ☐ Addition
NAME
Rielly, Thomas D
STREET ADDRESS
20 WINDSOR Rd. E.
CITY-ST-ZIP
JUPITER, FL 33469

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 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:

THOMAS D. RIELLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 (561) 659-8908
Date Daytime Phone #