

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015805

FILED
Mar 14, 2009
Secretary of State

Entity Name: FALCONE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

11030 LUCKY HORSE SHOE ROAD
CHARLOTTE, NC 28277

New Principal Place of Business:

11030 LUCKY HORSESHOE LANE
CHARLOTTE, NC 28277

Current Mailing Address:

11030 LUCKY HORSE SHOE ROAD
CHARLOTTE, NC 28277

New Mailing Address:

11030 LUCKY HORSESHOE LANE
CHARLOTTE, NC 28277

FEI Number: 16-1715160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALCONE, JOHN J
20612 W GOLDEN ELM DR
ESTERO, FL 33928 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FALCONE, ANTHONY J
Address: 11030 LUCKY HORSE SHOE ROAD
City-St-Zip: CHARLOTTE, NC 28277

Title: TREA () Delete
Name: FALCONE, JOHN J
Address: 20612 W GOLDEN ELM DR
City-St-Zip: ESTERO, FL 33928

Title: SECY () Delete
Name: FALCONE, MICHAEL A
Address: 20612 W GOLDEN ELM DR
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FALCONE, ANTHONY J
Address: 11030 LUCKY HORSESHOE LANE
City-St-Zip: CHARLOTTE, NC 28277

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 exemption stated 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 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: ANTHONY J FALCONE

PRES

03/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date