

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90061 001 \*\*\*527.50

**DOCUMENT # 508378**

1. Entity Name  
**FARRELL DEVELOPMENT CORPORATION**



Principal Place of Business  
**6757 55TH ST. N.  
PINELLAS PARK, FL 33781**

Mailing Address  
**6757 55TH ST. N.  
PINELLAS PARK, FL 33781**

00001343

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-1695669**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARRELL, MICHAEL S.  
6757 55TH ST. N.  
PINELLAS PARK, FL 33781**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME FARRELL, MICHAEL S  
STREET ADDRESS 6757 55TH ST. N.  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☒ Change ☐ Addition  
NAME *PD FARRELL, MICHAEL S*  
STREET ADDRESS *6757 55 ST. N*  
CITY-ST-ZIP *Pine/llas Park FL 33781*

TITLE VD ☐ Delete  
NAME FARRELL, JUDITH  
STREET ADDRESS 6757 55TH ST. N.  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☒ Change ☐ Addition  
NAME *STD FARRELL, JUDITH*  
STREET ADDRESS *6757 55 ST. N*  
CITY-ST-ZIP *Pine/llas Park FL 33781*

TITLE STD ☐ Delete  
NAME FARRELL, MARY P  
STREET ADDRESS 6757 55TH ST. N.  
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE ☒ Change ☐ Addition  
NAME *STD FARRELL, MARY P*  
STREET ADDRESS *6757 55 ST. N*  
CITY-ST-ZIP *Pine/llas Park FL 33781*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael S. Farrell* *2/6/08* *727/544-1041*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #