

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90024 001 ***150.00

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1. Entity Name
CIANFROGNA, TELFER, REDA, FAHERTY & ANDERSON,
P.A.



Principal Place of Business
815 S WASHINGTON AVE.
TITUSVILLE, FL 32780

Mailing Address
P.O. DRAWER 6310
TITUSVILLE, FL 32782-6310

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-1790954

Applied For
Not Applicable

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

TELFER, ROBERT J. JR.
815 S. WASHINGTON AVENUE
TITUSVILLE, FL 32780

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 D ☐ Delete
NAME FAHERTY, DANIEL P
STREET ADDRESS 1809 N LAUREL OAK DR
CITY-ST-ZIP ROCKLEDGE, FL 32955

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

TITLE VD ☐ Delete
NAME TELFER, ROBERT J., JR.
STREET ADDRESS 253 MINORCA BEACH WAY, UNIT 405
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

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

TITLE PD ☐ Delete
NAME CIANFROGNA, LOUIS V.
STREET ADDRESS 3885 HIDDEN HILLS DR.
CITY-ST-ZIP TITUSVILLE, FL

TITLE PD ☒ Change ☐ Addition
NAME CIANFROGNA, LOUIS V.
STREET ADDRESS 3885 S. WASHINGTON AVE #603B
CITY-ST-ZIP Titusville, FL 32780

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08 321-269-6832
Date Daytime Phone #