

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 621380

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: MIKE MORELLO, INCORPORATED

**Current Principal Place of Business:**

2 HARGROVE GRADE  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 352679  
PALM COAST, FL 321352679 US

**New Mailing Address:**

FEI Number: 59-1912590      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIUMENTO, MICHAEL D.  
4 OLD KINGS ROAD NORTH  
SUITE B  
PALM COAST, FL 32137 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: DS ( ) Delete  
Name: MORELLO, MICHAEL JR G DS  
Address: 60 AUDUBON LANE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: D ( ) Delete  
Name: MORELLO, JOSEPHINE D  
Address: 60 AUDUBON LANE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: PRES ( ) Delete  
Name: MORELLO, MICHAEL F PRES  
Address: 9 COACOCHEE DRIVE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: COO ( ) Delete  
Name: MCKEEVER, DOUGLAS CEO  
Address: 64 AUDUBON LANE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: CFO ( ) Delete  
Name: SHEFFIELD, GARY CFO  
Address: 10 AUDUBON LANE  
City-St-Zip: FLAGLER BCH, FL 32136 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COO (X) Change ( ) Addition  
Name: MCKEEVER, DOUGLAS COO  
Address: 64 AUDUBON LANE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

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: MICHAEL G. MORELLO, JR.

S/D

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date