

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K03240

FILED
Sep 17, 2009
Secretary of State

Entity Name: LAW OFFICE OF ORRIN R. BEILLY, P. A.

Current Principal Place of Business:

105 S NARCISSUS AVE S705
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

105 S NARCISSUS AVE
STE 705
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

105 S NARCISSUS AVE S705
WEST PALM BEACH, FL 33401 US

New Mailing Address:

105 S NARCISSUS AVE
STE 705
WEST PALM BEACH, FL 33401 US

FEI Number: 65-0026445 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEILLY, ORRIN R
105 S NARCISSUS AVE S705
WEST PALM BEACH, FL 33401 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEILLY, ORRIN R
Address: 105 S NARCISSUS AVE 705
City-St-Zip: W. PALM BEACH, FL 33401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ORRIN R. BEILLY

P

09/17/2009

Electronic Signature of Signing Officer or Director

_____ Date