


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90024 048 ***550.00

DOCUMENT # P01000053359 1. Entity Name ANDREW R. REILLY & ASSOCIATES, INC.					
Principal Place of Business 95 S. TENTH ST. HAINES CITY, FL 33844				Mailing Address 95 S. TENTH ST. HAINES CITY, FL 33844	
2. Principal Place of Business 851 W. KOKOMO ROAD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2039 Suite, Apt. #, etc.			
City & State LAKE HAMILTON, FL Zip 33851		City & State HAINES CITY, FL Zip 33845		4. FEI Number 91-2146591	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REILLY, FRED C/O ANDREW R. REILLY & ASSOCIATES, INC 95 S. TENTH ST. HAINES CITY, FL 33844				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, ANDREW R 95 S. TENTH ST. HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	851 W. KOKOMO ROAD LAKE HAMILTON, FL 33851	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, FRED 95 S 10TH STREET HAINES CITY, FL 33845	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	851 W. KOKOMO ROAD LAKE HAMILTON, FL 33851	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Andrew R. Reilly</u> ANDREW R. REILLY, DIRECTOR <u>8/29/06</u> <u>(863) 439-5017</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					