

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053359

FILED  
Jun 25, 2009  
Secretary of State

**Entity Name:** ANDREW R. REILLY & ASSOCIATES, INC.

**Current Principal Place of Business:**

851 WEST KOKOMO RD  
LAKE HAMILTON, FL 33851

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2039  
HAINES CITY, FL 33845

**New Mailing Address:**

**FEI Number:** 91-2146591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REILLY, FRED  
851 WEST KOKOMO RD  
LAKE HAMILTON, FL 33851 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: D ( ) Delete  
Name: REILLY, ANDREW R  
Address: 851 WEST KOKOMO RD  
City-St-Zip: LAKE HAMILTON, FL 33851

Title: D ( ) Delete  
Name: REILLY, FRED  
Address: 851 WEST KOKOMO RD  
City-St-Zip: LAKE HAMILTON, FL 33851

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

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

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: ANDREW R. REILLY

DIR

06/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date