

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000071704

1. Entity Name  
FARRELL & ASSOCIATES, INC.



Principal Place of Business  
419 ANCHOR KEY  
MELBOURNE BEACH, FL 32951

Mailing Address  
419 ANCHOR KEY  
MELBOURNE BEACH, FL 32951



01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1128519

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FARRELL, JOHN S  
419 ANCHOR KEY  
MELBOURNE BEACH, FL 32951

**DO NOT WRITE  
IN THIS SPACE**

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 John S. Farrell  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

2-8-05  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARRELL, JOHN S
STREET ADDRESS	419 ANCHOR KEY
CITY - ST - ZIP	MELBOURNE BEACH, FL 32951
TITLE	VD
NAME	FARRELL, DAYLE H
STREET ADDRESS	419 ANCHOR KEY
CITY - ST - ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000234497  
02/11/05-80001-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John S. Farrell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05 321674-9291  
Date Daytime Phone #