## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000134846

City-St-Zip: GT. BARRINGTON, MA 01238 US

DULLUD A FORMEL COMPANY INC

FILED Apr 18, 2008 Secretary of State

Entity Nai	me: PHILLIP A	FORMEL COMPANY, INC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
2615 SE 5 HOMESTE	TH CT EAD, FL 33033					
Current Mailing Address:			New Mailing Address:			
2615 SE 5 HOMESTE	TH CT EAD, FL 33033					
FEI Number: 04-3738687 FEI Number Applied For ( )		FEI Number Not Applicable ( )		Certificate of Status Desired ( )		
Name and	Address of C	ırrent Registered Agent:	Name and	Address of Ne	w Registered Agent:	
FORMEL, 2615 SE 5 HOMESTE		US				
	named entity so e of Florida.	ubmits this statement for the pu	ırpose of changing i	ts registered offi	ce or registered agent, or both,	
SIGNATU						
		c Signature of Registered Ager	nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () FORMEL, PHILL 2615 SE 5TH CT HOMESTEAD, F		Title: Name: Address: City-St-Zip:	DIR (X) C FORMEL, PHILLIF 2615 SE 5TH CT HOMESTEAD, FL		
Title: Name: Address: City-St-Zip:	VP ()  FORMEL, NORM 2615 SE 5TH CT HOMESTEAD, F		Title: Name: Address: City-St-Zip:	DIR (X) C FORMEL, NORMA 2615 SE 5TH CT HOMESTEAD, FL		
Title: Name: Address: City-St-Zip:	FORMEL, ANN F 3976 ROUTE 20		Title: Name: Address: City-St-Zip:	PRES (X) C FORMEL, ANN F 3976 ROUTE 203 NORTH CHATHAN	hange () Addition 1, NY 12132 US	
Title: Name: Address: City-St-Zip:	FORMEL, STEP	RREMAR - 272 REY GUSTAVO	Title: Name: Address: City-St-Zip:	FORMEL, STEPH	REMAR - 272 REY GUSTAVO	
Title: Name: Address:	D ()  FORMEL, MARK 304 PARK ST.	Delete A	Title: Name: Address:	SECR (X) C FORMEL, MARK / 304 PARK ST.	hange()Addition A	

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.

304 PARK ST. City-St-Zip: GT. BARRINGTON, MA 01238 US

SIGNATURE: ANN F. FORMEL **PRES** 04/18/2008