

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134846

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: PHILLIP A. FORMEL COMPANY, INC.

## Current Principal Place of Business:

2615 SE 5TH CT  
HOMESTEAD, FL 33033

## New Principal Place of Business:

## Current Mailing Address:

2615 SE 5TH CT  
HOMESTEAD, FL 33033

## New Mailing Address:

FEI Number: 04-3738687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORMEL, PHILLIP A  
2615 SE 5TH CT  
HOMESTEAD, FL 33033 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: FORMEL, PHILLIP A  
Address: 2615 SE 5TH CT  
City-St-Zip: HOMESTEAD, FL 33033

Title: DIR ( ) Delete  
Name: FORMEL, NORMA H  
Address: 2615 SE 5TH CT  
City-St-Zip: HOMESTEAD, FL 33033

Title: PRES ( ) Delete  
Name: FORMEL, ANN F  
Address: 3976 ROUTE 203  
City-St-Zip: NORTH CHATHAM, NY 12132 US

Title: VP ( ) Delete  
Name: FORMEL, STEPHEN F  
Address: LA VILLA DE TORREMAR - 272 REY GUSTAVO  
City-St-Zip: GUAYNABO,, PR 00769 PR

Title: SECR ( ) Delete  
Name: FORMEL, MARK A  
Address: 304 PARK ST.  
City-St-Zip: GT. BARRINGTON, MA 01238 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change ( ) Addition  
Name: FORMEL, STEPHEN F  
Address: URB PRADO ALTO, J22 CALLE 1  
City-St-Zip: GUAYNABO,, PR 00966 PR

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: ANN F. FORMEL

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date