

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000000080

**FILED**  
**Nov 27, 2009**  
**Secretary of State****Entity Name:** FARRELL REALTY & INSURANCE AGENCY, INC.**Current Principal Place of Business:**701 OHIO AVE  
LYNN HAVEN, FL 32444**New Principal Place of Business:****Current Mailing Address:**PO BOX 250  
LYNN HAVEN, FL 32444**New Mailing Address:****FEI Number:** 20-8475684**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FARRELL, TIMOTHY M  
701 OHIO AVE  
LYNN HAVEN, FL 32444 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

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: FARRELL, TIMOTHY M  
Address: 104 ALABAMA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VPRES ( ) Delete  
Name: FARRELL, SEAN F  
Address: 703 E 8TH STREET  
City-St-Zip: LYNN HAVEN, FL 32444

Title: TREA ( ) Delete  
Name: FARRELL, TIMOTHY M  
Address: 104 ALABAMA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: SECR ( ) Delete  
Name: FARRELL, SEAN F  
Address: 703 E 8TH STREET  
City-St-Zip: LYNN HAVEN, FL 32444

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

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

Title: VPRES (X) Change ( ) Addition  
Name: FARRELL, TIMOTHY M  
Address: 104 ALABAMA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

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

Title: SECR (X) Change ( ) Addition  
Name: FARRELL, TIMOTHY M  
Address: 104 ALABAMA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

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: TIMOTHY M FARRELL

PRES

11/27/2009

Electronic Signature of Signing Officer or Director

Date