

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123386

Entity Name: SAMUEL J. FALCONE, P.A.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

5835 WHITE CYPRESS DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

5835 WHITE CYPRESS DRIVE
LAKE WORTH, FL 334676230 US

Current Mailing Address:

5835 WHITE CYPRESS DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

5835 WHITE CYPRESS DRIVE
LAKE WORTH, FL 334676230 US

FEI Number: 42-1746038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALCONE, SAMUEL J
5835 WHITE CYPRESS DRIVE
LAKE WORTH, FL 33467 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: PSTD () Delete
Name: FALCONE, SAMUEL J
Address: 5835 WHITE CYPRESS DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FALCONE, SAMUEL J
Address: 5835 WHITE CYPRESS DRIVE
City-St-Zip: LAKE WORTH, FL 334676230 US

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: SAMUEL J FALCONE

PSTD

01/14/2009

Electronic Signature of Signing Officer or Director

Date