

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90040 022 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P07000131820</b><br>1. Entity Name<br><b>THE LAW OFFICE OF MICHAEL S FARRELL, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| Principal Place of Business<br><b>1628 SOUTH FLORIDA AVE<br/>LAKELAND, FL 33803 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                                                                                                                       | Mailing Address<br><b>5535 SUMMERLAND HILLS DRIVE<br/>LAKELAND, FL 33812 US</b>                                                                                                                    |                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>904 South Missouri Ave</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      | 3. Mailing Address<br><b>904 South Missouri Ave</b><br>Suite, Apt. #, etc.                                            |                                                                                                                                                                                                    |                                                                                                 |  |
| City & State<br><b>Lakeland, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | City & State<br><b>Lakeland, FL</b>                                                                                   |                                                                                                                                                                                                    | 4. FEI Number<br><b>26-1588020</b>                                                              |  |
| Zip<br><b>33803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | Country<br><b>US</b>                                                                                                  |                                                                                                                                                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>FARRELL, MICHAEL S<br/>5535 SUMMERLAND HILLS DRIVE<br/>LAKELAND, FL 33812</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>904 South Missouri Ave</b><br>City <b>Lakeland</b> <b>FL</b> Zip Code <b>33803</b> |                                                                                                 |  |
| 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.<br>SIGNATURE: <span style="float: right;">4-17-08</span><br><small>Signature typed or printed name of registered agent and title if applicable. (NOT a registered agent signature required with this filing) DATE</small>                                                                                                                                                                                      |                                                                                      |                                                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                    |                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      |                                                                                                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                       |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P<br><b>FARRELL, MICHAEL S<br/>1628 S. FLORIDA AVE<br/>LAKELAND, FL 33803</b>        | <input type="checkbox"/> Delete                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VP<br><b>VAZQUEZ, LOURDES<br/>5535 SUMMERLAND HILLS DRIVE<br/>LAKELAND, FL 33812</b> | <input type="checkbox"/> Delete                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      | <input type="checkbox"/> Delete                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      | <input type="checkbox"/> Delete                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      | <input type="checkbox"/> Delete                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      | <input type="checkbox"/> Delete                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      | <input type="checkbox"/> Delete                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      | <input type="checkbox"/> Delete                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                      | <input type="checkbox"/> Delete                                                                                       |                                                                                                                                                                                                    |                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemented 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                      |                                                                                                                       | 4-17-07 8637388082<br><small>Date Page Number</small>                                                                                                                                              |                                                                                                 |  |