

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000098144

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** MICHAEL ALBARELLI AND ASSOCIATES, INC

**Current Principal Place of Business:**

10230 HERITAGE BAY BLVD  
UNIT 426  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

10230 HERITAGE BAY BLVD  
UNIT 426  
NAPLES, FL 34120

**New Mailing Address:**

**FEI Number:** 45-3808784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: PST  
Name: ALBARELLI, MICHAEL L  
Address: 10230 HERITAGE BAY BLVD. UNIT 426  
City-St-Zip: NAPLES, FL 34120

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL L. ALBARELLI

PST

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date