

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34380

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ROBERT LORELLI ASSOCIATES, INC.

**Current Principal Place of Business:**

18 HICKORY BEND  
SPEONK, NY 11972 US

**New Principal Place of Business:**

**Current Mailing Address:**

18 HICKORY BEND  
PO BOX 446  
SPEONK, NY 11972 US

**New Mailing Address:**

**FEI Number:** 11-3058651      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PSD  
Name: LORELLI, ROBERT A  
Address: 18 HICKORY BEND - PO BOX 618  
City-St-Zip: SPEONK, NY 11972 US

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: ROBERT A. LORELLI

PRES

01/06/2011

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

\_\_\_\_\_ Date