

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000058638

1. Entity Name
THE JOHN P. FUREY COMPANY



Principal Place of Business
**500 NE SPANISH RIVER BLVD
SUITE 104
BOCA RATON, FL 33431 US**

Mailing Address
**500 NE SPANISH RIVER BLVD
SUITE 104
BOCA RATON, FL 33431 US**



07172007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0765623

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FELBERBAUM, RICK S
1200 N FEDERAL HWY STE 320
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FUREY, JOHN P JR**
STREET ADDRESS **243 NE 26TH STREET**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **VTD**
NAME **FUREY, MARY JO A**
STREET ADDRESS **243 NE 26TH STREET**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **D**
NAME **D'AMICO, ROBERT J**
STREET ADDRESS **146 IRVINGTON AVE**
CITY-ST-ZIP **WATERBURY, CT 06708**

TITLE **SD**
NAME **BRINLEY, HEATHER M**
STREET ADDRESS **5500 NW 2ND AVENUE, #615**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000769554
07/19/07-800005-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 supplemental 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17, 2007 561-338-3312
Date Daytime Phone #