

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P97000065898

1. Entity Name

FARRELL HOMES, INC.



**FILED  
Apr 19, 2005 8:00 am  
Secretary of State**

04-19-2005 90698 001 \*1,017.50

66011267



1st MOORE CR2E034 (10/04)

Principal Place of Business		Mailing Address					
7652 PARK BLVD PINELLAS PARK FL 33781 US		7301 77TH ST. NO PINELLAS PARK FL 33781 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FARRELL, MICHAEL S 7652 PARK BLVD PINELLAS PARK FL 33781				<input type="text"/> Name <input type="text"/> Street Address (P.O. Box Number is Not Acceptable) <input type="text"/> <input type="text"/> City <b>FL</b> <input type="text"/> Zip Code			

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  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, MICHAEL S	NAME	
STREET ADDRESS	7219-57TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, MARY P	NAME	
STREET ADDRESS	6130-73RD ST N	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, JUDITH	NAME	
STREET ADDRESS	7219-57TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Michael S. Farrell*

4/6/05 727-544-1041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #