

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90460 001 ***457.50

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1. Entity Name

FARRELL HOMES, INC.



Principal Place of Business

6757 55TH ST. N.
PINELLAS PARK FL 33781
US

Mailing Address

6757 55TH ST. N.
PINELLAS PARK FL 33781
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3475816**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

FARRELL, MICHAEL S
7652 PARK BLVD
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

Michael S. Farrell

Street Address (P.O. Box Number is Not Acceptable)

6757 55th Street North

City

Pinellas Park

FL

Zip Code

33781

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FARRELL, MICHAEL S	
STREET ADDRESS	7219-57TH AVE N	
CITY-STATE-ZIP	ST PETERSBURG FL 33709	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FARRELL, MARY P	
STREET ADDRESS	6130-73RD ST N	
CITY-STATE-ZIP	ST PETERSBURG FL 33709	
TITLE	S	<input type="checkbox"/> Delete
NAME	FARRELL, JUDITH	
STREET ADDRESS	7219-57TH AVE N	
CITY-STATE-ZIP	ST PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael S. Farrell	
STREET ADDRESS	6757 55th Street North	
CITY-STATE-ZIP	Pinellas Park, FL 33781	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary P. Farrell	
STREET ADDRESS	6757 55th Street North	
CITY-STATE-ZIP	Pinellas Park, FL 33781	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith Farrell	
STREET ADDRESS	6757 55th Street North	
CITY-STATE-ZIP	Pinellas Park, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael S. Farrell

3/8/07 727-544-1041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #