

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047445

Entity Name: JOE REILLY & ASSOCIATES, INC.

FILED  
Jan 05, 2007  
Secretary of State

**Current Principal Place of Business:**

2191 JULIAN AVE  
#2  
PALM BAY, FL 32905 US

**New Principal Place of Business:**

2191 JULIAN AVE  
#2  
PALM BAY, FL 32905 US

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 59-3513479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REILLY, JOSEPH F  
2191 JULIAN AVE  
32  
PALM BAY, FL 32905 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: REILLY, JOSEPH F  
Address: 2191 JULIAN AVE #2  
City-St-Zip: PALM BAY, FL 32905 US

Title: VP ( ) Delete  
Name: REILLY, ROBIN  
Address: 2191 JULIAN AVE  
City-St-Zip: PALM BAY, FL 32905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH REILLY

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date