

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083338

Entity Name: THE FARRELL GROUP, INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

3442 NORTH CITRUS AVENUE
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1436
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

PO BOX 2137
CRYSTAL RIVER, FL 34423 US

FEI Number: 59-3554336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, WILLIAM LEE
3442 NORTH CITRUS AVENUE
CRYSTAL RIVER, FL 34428 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: P () Delete
Name: FARRELL, WILLIAM L
Address: P. O. BOX 1436
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: S () Delete
Name: EASLEY, GAIL
Address: P. O. BOX 1436
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D () Delete
Name: LANGDON, DENISE
Address: P. O. BOX 1436
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D () Delete
Name: WEIL, JOHN
Address: O. O. BOX 1436
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D () Delete
Name: FARRELL, DAVID
Address: P. O. BOX 1436
City-St-Zip: CRYSTAL RIVER, FL 34423

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARRELL, WILLIAM L
Address: P. O. BOX 2137
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: S (X) Change () Addition
Name: EASLEY, GAIL
Address: P. O. BOX 2137
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D (X) Change () Addition
Name: LANGDON, DENISE
Address: P. O. BOX 2137
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D (X) Change () Addition
Name: WEIL, JOHN
Address: O. O. BOX 2137
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D (X) Change () Addition
Name: FARRELL, DAVID
Address: P. O. BOX 2137
City-St-Zip: CRYSTAL RIVER, FL 34423

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: WILLIAM LEE FARRELL

P

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date