## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000083338

Entity Name: THE FARRELL GROUP, INC.

FILED Feb 23, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3442 NORTH CITRUS AVENUE 4798 NORTH LADYBUG DRIVE CRYSTAL RIVER, FL 34428 US CRYSTAL RIVER, FL 34428 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

FARRELL, WILLIAM LEE

3442 NORTH CITRUS AVENUE

CRYSTAL RIVER, FL 34428 US

FARRELL, WILLIAM LEE

4798 NORTH LADYBUG DRIVE

CRYSTAL RIVER, FL 34428 US

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: 02/23/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 FARRELL, WILLIAM L

 Address:
 P. O. BOX 2137

 City-St-Zip:
 CRYSTAL RIVER, FL 34423

Title: S

Name: EASLEY, GAIL Address: P. O. BOX 2137

City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D

Name: LANGDON, DENISE Address: P. O. BOX 2137

City-St-Zip: CRYSTAL RIVER, FL 34423

Title: D

Name: WEIL, JOHN Address: O. O. BOX 2137

City-St-Zip: CRYSTAL RIVER, FL 34423

Title: [

Name: FARRELL, DAVID Address: P. O. BOX 2137

City-St-Zip: CRYSTAL RIVER, FL 34423

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L. FARRELL P 02/23/2010