

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015805

FILED  
Jul 26, 2008  
Secretary of State

Entity Name: FALCONE FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

2058 S.W. 176TH TERRACE  
MIRAMAR, FL 33029

## New Principal Place of Business:

11030 LUCKY HORSE SHOE ROAD  
CHARLOTTE, NC 28277

## Current Mailing Address:

2058 S.W. 176TH TERRACE  
MIRAMAR, FL 33029

## New Mailing Address:

11030 LUCKY HORSE SHOE ROAD  
CHARLOTTE, NC 28277

FEI Number: 16-1715160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FALCONE, ANTHONY J  
2058 SW 176TH TERRACE  
MIRAMAR, FL FL US

## Name and Address of New Registered Agent:

FALCONE, JOHN J  
20612 W GOLDEN ELM DR  
ESTERO, FL 33928 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: JOHN J FALCONE

07/26/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: FALCONE, ANTHONY J  
Address: 2058 SW 176TH TERRACE  
City-St-Zip: MIRAMAR, FL 33029

Title: TREA ( ) Delete  
Name: FALCONE, JOHN J  
Address: 2058 SW 176TH TERRACE  
City-St-Zip: MIRAMAR, FL 33029

Title: SECY ( ) Delete  
Name: FALCONE, MICHAEL A  
Address: 2058 SW 176TH TERRACE  
City-St-Zip: MIRAMAR, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: FALCONE, ANTHONY J  
Address: 11030 LUCKY HORSE SHOE ROAD  
City-St-Zip: CHARLOTTE, NC 28277

Title: TREA (X) Change ( ) Addition  
Name: FALCONE, JOHN J  
Address: 20612 W GOLDEN ELM DR  
City-St-Zip: ESTERO, FL 33928

Title: SECY (X) Change ( ) Addition  
Name: FALCONE, MICHAEL A  
Address: 20612 W GOLDEN ELM DR  
City-St-Zip: ESTERO, FL 33928

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: ANTHONY J FALCONE

PRES

07/26/2008

Electronic Signature of Signing Officer or Director

Date