

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015805

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** FALCONE FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

11030 LUCKY HORSESHOE LANE  
CHARLOTTE, NC 28277

**New Principal Place of Business:**

11456 ARDREY CREST DRIVE  
CHARLOTTE, NC 28277

**Current Mailing Address:**

11030 LUCKY HORSESHOE LANE  
CHARLOTTE, NC 28277

**New Mailing Address:**

11456 ARDREY CREST DRIVE  
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, JOHN J  
19523 SKIDMORE WAY  
APT 103  
ESTERO, FL 33967 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FALCONE, ANTHONY J  
Address: 11456 ARDREY CREST DRIVE  
City-St-Zip: CHARLOTTE, NC 28277

Title: TREA  
Name: FALCONE, JOHN J  
Address: 19523 SKIDMORE WAY, APT. 103  
City-St-Zip: ESTERO, FL 33967

Title: SECY  
Name: FALCONE, MICHAEL A  
Address: 11030 LUCKY HORSESHOE LANE  
City-St-Zip: CHARLOTTE, NC 28277

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: ANTHONY J. FALCONE

PRES

01/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date