2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State
03-04-2004 90013 007 ***150.00

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1. Entity Name
GEORGE A. CHIARENZA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~8970 SEMINOLE BLVD~~ ~~SEMINOLE, FL 33772-3850 US~~ 3135 SR 580, Suite 11 SAFETY HARBOR, FL 34695	~~8970 SEMINOLE BLVD.~~ ~~SEMINOLE, FL 33772~~ 3135 SR 580, Suite 11 SAFETY HARBOR, FL 34695

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01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2151160
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIARENZA, GEORGE A
~~8970 SEMINOLE, BLVD~~ 3135 SR 580, Suite 11
SEMINOLE, FL 33772 SAFETY HARBOR, FL 34695

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE George A Chiarenza President George A Chiarenza 2-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHIARENZA, GEORGE A
STREET ADDRESS	~~8970 SEMINOLE BLVD.~~ 3135 SR 580, Suite 11
CITY-ST-ZIP	~~SEMINOLE, FL 33772~~ SAFETY HARBOR FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George A Chiarenza President 2-29-04 727-~~397-5555~~ 420-2730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #