2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90075 003 ***150.00

DOCUMENT # F60750

1. Entity Name
GEORGE A. CHIARENZA, PA

50008798

Principal Place of Business	Mailing Address
3135 SR 580 SUITE 11 SAFETY HARBOR, FL 34695 US	3135 SR 580 SUITE 11 SAFETY HARBOR, FL 34695 US

01202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1610 Stipule?Court		1610 Stipule Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Trinity , FL		City & State: Trinity, FL	
Zip: 34655	Country: USA	Zip: 34655	Country: USA

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	7. Name and Address of New Registered Agent
CHIARENZA, GEORGE A 3135 SR 580 SUITE 11 SAFETY HARBOR, FL 34695	Name: Chiarenza, George A Street Address (P.O. Box Number is Not Acceptable): 1610 Stipule Court City: Trinity FL Zip Code: 34655

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CHIARENZA, GEORGE A 3135 SR 580, SUITE 11 SAFETY HARBOR, FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Chiarenza, George A 1610 Stipule Court Trinity, FL. 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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, PA 1-27-05 727-420-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #