


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000003787</b>	
1. Entity Name <b>CIRELLI COMPANY</b>	

Principal Place of Business <b>537 RITCHIE HWY SUITE 2A SEVERNA PARK, MD 21146</b>	Mailing Address <b>537 RITCHIE HIGHWAY, SUITE 2A SEVERNA PARK, MD 21146</b>
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**DO NOT WRITE IN THIS SPACE**



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-1499183</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

**CIRELLI, CHARLES J  
24981 PENNYROYAL DRIVE  
BONITA SPRINGS, FL 33923**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRA CIRELLI, CHARLES J 24981 PENNYROYAL DRIVE BONITA SPRINGS, FL 33923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CIRELLI, MARTHA C 24981 PENNYROYAL DRIVE BONITA SPRINGS, FL 33923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CIRELLI, JOHN C 2030 POPLAR RIDGE RD PASADENA, MD 21122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CIRELLI, SHERRY 2030 POPLAR RIDGE ROAD PASADENA, MD 21122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/02/04-80005-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:    
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone