


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90049 008 ***150.00

DOCUMENT # P02000002755

1. Entity Name
JOHN CHIARELLI ASSOCIATES, INC.



Principal Place of Business Mailing Address
 12995 S. CLEVELAND AVE., STE. 107 12995 S. CLEVELAND AVE., STE. 107
 FT. MYERS, FL 33907 FT. MYERS, FL 33907

94032443

2. Principal Place of Business 3. Mailing Address
876 Xavier Ave **876 Xavier Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Myers, FL **Ft. Myers, FL**

Zip Country Zip Country
33919 **USA** **33919** **USA**



03102004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
26-0016319 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
MATLAND, RUDOLPH K 12995 S. CLEVELAND AVE., STE. 107 FT. MYERS, FL 33907	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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, 2004 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARELLI, JOHN	NAME	
STREET ADDRESS	876 XAVIER AVE.	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARELLI, PATRICIA	NAME	
STREET ADDRESS	876 XAVIER AVE.	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARELLI, STEPHEN	NAME	
STREET ADDRESS	876 XAVIER AVE.	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: John Chiarelle Date: 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #