


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000002755	
1. Entity Name JOHN CHIARELLI ASSOCIATES, INC.	

Principal Place of Business 876 XAVIER AVE FORT MYERS, FL 33919	Mailing Address 876 XAVIER AVE FORT MYERS, FL 33919
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0016319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MATLAND, RUDOLPH K 12995 S. CLEVELAND AVE., STE. 107 FT. MYERS, FL 33907
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**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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIARELLI, JOHN 876 XAVIER AVE. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHIARELLI, PATRICIA 876 XAVIER AVE. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHIARELLI, STEPHEN 876 XAVIER AVE. FT. MYERS, FL 33919
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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04/27/05-80040-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 CHIARELLI John Chiarelli 4-25-05 239-4817368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #