

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 A
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**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0016319

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CHIARELLI, JOHN**
STREET ADDRESS **876 XAVIER AVE.**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **S**
NAME **CHIARELLI, PATRICIA**
STREET ADDRESS **876 XAVIER AVE.**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **T**
NAME **CHIARELLI, STEPHEN**
STREET ADDRESS **876 XAVIER AVE.**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
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CITY-ST-ZIP

U000000627537
02/15/07-80066-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 2-5-07 239-481-7368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #