


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

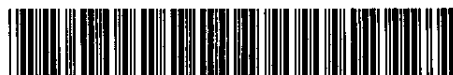
**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90014 020 \*\*\*150.00

<b>DOCUMENT # P02000112241</b>	
1. Entity Name <b>MANCINELLI INVESTMENT GROUP II, INC.</b>	

Principal Place of Business <b>237 17 AVE N STE 2 ST PETERSBURG FL 33701</b>	Mailing Address <b>P.O. BOX 668 ST PETERSBURG FL 33731</b>
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2. Principal Place of Business <b>340 4th St. S</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Unit-3</b>	Suite, Apt. #, etc.
City & State <b>St. Petersburg FL</b>	City & State
Zip <b>33701</b>	Country <b>Pineellas</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>DELOACH, DENNIS R JR 8640 SEMINOLE BLVD SEMINOLE FL 33772</b>	
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7. Name and Address of New Registered Agent	
Name <b>Paul Mancinelli</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>340 4th St. S. Unit-3</b>	
City <b>St. Petersburg</b>	Zip Code <b>FL 33701</b>

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 **2-29-04**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANCINELLI, PAUL M 237 17 AVE N STE 2 ST PETERSBURG FL 33701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Paul Mancinelli 340 4th St. S. Unit-3 St. Petersburg FL 33701</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **2-29-04** 777-400A 8227