

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-04-2004 90014 018 \*\*\*150.00

DOCUMENT# P02000127896

1. Entity Name

MANCINELLI INVESTMENT GROUP III, INC.



Principal Place of Business

237 SEVENTH AVE NORTH UNIT 2  
ST PETERSBURG FL 33701

Mailing Address

PO BOX 668  
SAINT PETERSBURG FL 33731

2. Principal Place of Business

340 4th St. S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit-4

City & State

City & State

City & State

St. Petersburg FL

Zip

33701

Country

Pinellas

Zip

Country

6. Name and Address of Current Registered Agent

HOFFSTRA, PETER T

8640 SEMINOLE BLVD

SEMINOLE FL 33772

4. FEI Number

03-0492394

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Paul Mancinelli

Street Address (P.O. Box Number is Not Acceptable)

340 4th St. S.

Unit-3

City

St. Petersburg

FL

Zip

33701

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 name and title of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-29-04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MANCINELLI, PAUL M  
STREET ADDRESS 237 SEVENTH AVE NORTH UNIT 2  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME Paul Mancinelli  
STREET ADDRESS 340 4th St. S. Unit-4  
CITY-ST-ZIP St. Petersburg FL 33701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-29-04

727-409-8227