## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

if changed, or on an attachn

SIGNATURE:

address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 16, 2008 8:00 am Secretary of State DOCUMENT # P07000015272 05-16-2008 90020 005 \*\*\*150.00 MANCINELLI INVESTMENT GROUP V. INC. Principal Place of Business Mailing Address 3256 12TH STREET NORTH POST OFFICE BOX 668 ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33731 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. 1st MOORE CR2E034 (10/07) re OAK Ave N.E. City & State Applied For 77-066881 Not Applicable Z:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOFSTRA, PETER T ESQ. 8640 SEMINOLE BOULEVARD SEMINOLE FL 33772 ive Oak Ave 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 anic of registioned agent and life 4 applicable. FILE NOW! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete THE MANCINELLI, PAUL Paul Mancinell: NAME STREET ADDRESS 3256 12TH STREET NORTH 851 Live OAK N.E. STREET ADORESS St. Petersbugg FL 33703 CITY - ST- ZIP ST. PETERSBURG FL 33704 CITY-ST ZIP ☐ Delete TITLE Change Addition Nation STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP (II) F Deiele ☐ Change Addition NAME мамп STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME b±MF STREET ADDRESS STREET ADDRESS OITY - ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiptrustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11

**FILED**