


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P07045		
1. Entity Name M & J MANAGEMENT PITTSBURGH, INC.		

Principal Place of Business 147 DELTA DRIVE PITTSBURGH, PA 15238 US	Mailing Address 147 DELTA DRIVE PITTSBURGH, PA 15238 US
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DO NOT WRITE IN THIS SPACE

02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1200758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCCLURE, ROBERT W
3461 BONITA BAY BLVD.
STE. 101
BONITA SPRINGS, FL 34134

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000347276 04/30/05-80107-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLIGATTI, MICHAEL J. 147 DELTA DRIVE PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELLIGATTI, JAMES A. 147 DELTA DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUBERT, DANIEL E. 147 DELTA DRIVE PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELLIGATTI, DANIEL J 147 DELTA DRIVE PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: [Signature] 3/11/05 422/547-6550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #