

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000005370**

1. Entity Name

VIN-MAR MANAGEMENT CONSULTANTS, INC.



Principal Place of Business

12551 INDIAN ROCKS RD, STE 5  
LARGO, FL 33774

Mailing Address

12551 INDIAN ROCKS RD, STE 5  
LARGO, FL 33774



03262004

No Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3488256

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CHIARELLI, MARGARET A  
14550 MAPLEWOOD DR N  
LARGO, FL 33774

**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 restating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000097731  
03/29/04-80013-009 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHIARELLI, VINCENT A  
STREET ADDRESS 14550 MAPLEWOOD DR N  
CITY-ST-ZIP LARGO, FL 33774

TITLE TSD  
NAME CHIARELLI, MARGARET A  
STREET ADDRESS 14550 MAPLEWOOD DR N  
CITY-ST-ZIP LARGO, FL 33774

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(f), 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: *Margaret A. Chiarelli* *Margaret A. Chiarelli*  
Sec'y/Treas/Director 4-26-04 727-595-7068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #