2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 08:00 A Secretary of State

ANNUAL REPURI								
DOCUMENT # P9800£ 1. Entity Name CHINELLI CUSTOM HOMES, II								
Principal Place of Business 2574 S. VOLUSIA, SUITE 102 ORANGE CITY, FL 32763	Mailing Address 2574 S. VOLUSIA, SUITE 102 ORANGE CITY, FL 32763							



CR2E034 (10/03)

No Chg-P

03252005

DO NOT WRITE IN THIS SPA		H THE COA					
		CE	4. FEI Number 59-350	-		Applied For Not Applicable	
					of Status Desired		8.75 Additional
	6. Name and Address of Current Regis	stered Agent			- 		ee Required
CHINELLI, MICHAEL J 2574 S. VOLUSIA, SUITE 102 ORANGE CITY, FL 32763			DO NOT WRITE IN THIS SPACE				
	e named entity submits this statement for the prince of registered agent. Signature, typed or printed name of registered agent and title			egistered agent, or bo	th, in the State of Flo	orida. I am fan	niliar with, and accept
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS	ł				
NAME STREET ADDRESS CITY-ST-ZIP	CHINELLI, MICHAEL J 156 S. US HWY 17-92 DEBARY, FL 32713				U00800 -03/30/05	2808 83	012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE	
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 supplied entering 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

THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3-25-05

386-456-523