

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000042599

Entity Name: SINELLI AND ASSOCIATES, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

6057 COUNTY RD 219
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

PO BOX 859
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-3515458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINELLI, MICHAEL J
SINELLI AND ASSOCIATES
6057 COUNTY ROAD 219
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: SINELLI, MICHAEL J
Address: P.O. BOX 859
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T () Delete
Name: SINELLI, SUSAN A
Address: P.O. BOX 859
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: S () Delete
Name: SINELLI, PETE T
Address: 1307 MONTE LAKE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: SINELLI, KATHARYN M
Address: 4651 CAHUENGA BLVD. # 208
City-St-Zip: TOLUCA LAKE, CA 91602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JAY SINELLI

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date