

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90074 027 ***150.00



DOCUMENT # P99000002257

1. Entity Name

MANCINELLI INVESTMENT GROUP, INC.

Principal Place of Business

340 4TH ST. S.
UNIT #3
SAINT PETERSBURG FL 33701
US

Mailing Address

P O BOX 668
ST PETERSBURG FL 33731
US

2. Principal Place of Business

3256 12th St North

3. Mailing Address

Paul Mancinelli
P O Box 668



1st MOORE

CR2E034 (10/04)

City & State

St. Petersburg FL

City & State

St. Petersburg FL 33731

4. FEI Number

59-3551611

Applied For

Not Applicable

Zip

33703

Country

Pinellas

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANCINELLI, PAUL M
340 4TH ST. S. UNIT-3
SAINT PETERSBURG FL 33701

New Address

7. Name and Address of New Registered Agent

Name Paul Mancinelli

Street Address (P.O. Box Number is Not Acceptable)
3256 12th St North

City St. Petersburg

FL

Zip Code 33703

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-16-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MANCINELLI, PAUL
STREET ADDRESS 340 4TH ST. S.
CITY-ST-ZIP SAINT PETERSBURG FL 33701 ☐ Delete

TITLE VP
NAME BLANK, SCOTT P
STREET ADDRESS 3918 PALMICA AVE
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-05