

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90023 032 ***150.00

DOCUMENT # **P99000002257**

1. Entity Name

MANCINELLI INVESTMENT GROUP, INC.



Principal Place of Business

**3256 12TH ST NORTH
SAINT PETERSBURG FL 33703
US**

Mailing Address

**P O BOX 668
ST PETERSBURG FL 33731
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

851 Live Oak Ave N.E.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

33703

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3551611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANCINELLI, PAUL
3256 12TH ST NORTH
SAINT PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name

Paul Mancinelli

Street Address (P.O. Box Number is Not Acceptable)

851 Live Oak Ave N.E.

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, by or for the named agent and the entity, if applicable.

(NOTE: Registered Agent signature required when filing.)

4-27-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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** ☐ Delete
NAME **MANCINELLI, PAUL**
STREET ADDRESS **3256 12TH ST NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Paul Mancinelli**
STREET ADDRESS **851 Live Oak N.E.**
CITY-ST-ZIP **St. Petersburg FL 33703**

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-08

DATE

727-409-8227

PHONE NUMBER