


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90300 027 \*\*\*150.00

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # 677315</b>  |         |            |         |
| 1. Entity Name<br><b>APOSTOLU ENTERPRISES, INC.</b>   |         |   |         |
| Principal Place of Business<br><b>FT. DESOTO PARK<br/>3500 PINELLAS BAYWAY<br/>SAINT PETERSBURG FL 33715<br/>US</b> |         | Mailing Address<br><b>100 BLUFFVIEW DR<br/>STE 110B<br/>BELLEAIR BLUFFS FL 33770<br/>US</b> |         |
| 2. Principal Place of Business<br><b>3910 W. BAY DR</b>   |         | 3. Mailing Address<br><b>3910 W. BAY DR</b>   |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State<br><b>Buiear Buiear</b>  |         | City & State<br><b>FI 33770</b>   |         |
| Zip   | Country | Zip   | Country |



1st MOORE CR2E034 (10/04)

|   |  |   |  |
|---|--|---|--|
| 4. FEI Number<br><b>59-2013337</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>APOSTOLU, PETER J.<br/>3500 PINELLAS BAYWAY<br/>SAINT PETERSBURG FL 33715</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>APOSTOLU, PETER J.<br>3500 PINELLAS BAYWAY ST<br>SAINT PETERSBURG FL 33714 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3910 WEST BAY DR<br/>Belleair Bluffs, FI 33770</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>APOSTOLU, PETER<br>3500 PINELLAS BAYWAY SO<br>SAINT PETERSBURG FL 33715 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3910 WEST BAY DR<br/>Belleair Bluffs, FI 33770</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ **5-1-05** **727-586-3474**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #