

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90039 050 \*\*\*150.00

**DOCUMENT # L55937**

1. Entity Name

FINEO ENTERPRISES, INC.



Principal Place of Business

2801 AVENUE OF THE AMERICAS  
ENGLEWOOD FL 34224

Mailing Address

2801 AVENUE OF THE AMERICAS  
ENGLEWOOD FL 34224

34027336



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1475095

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINEO, CARLO  
2801 AVENUE OF THE AMERICAS  
ENGLEWOOD FL 34224

ADDRESS  
CHANGE  
ONLY →

Name

CARLO FINEO

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

1575 SCARLETT AVE.

City

NORTH PORT

FL

Zip Code

34289

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: 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 FINEO, CARLO ☒ Delete  
STREET ADDRESS 8190 CASA DE MEADOWS DR  
CITY-ST-ZIP ENGLEWOOD FL

TITLE ST  
NAME FINEO, AUDREY ☒ Delete  
STREET ADDRESS 8190 CASA DE MEADOWS DR  
CITY-ST-ZIP ENGLEWOOD FL

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 P ☒ Change ☐ Addition  
NAME FINEO, CARLO  
STREET ADDRESS 1575 SCARLETT AVE.  
CITY-ST-ZIP NORTH PORT, FL. 34289

TITLE ST ☒ Change ☐ Addition  
NAME FINEO, AUDREY  
STREET ADDRESS 1575 SCARLETT AVE.  
CITY-ST-ZIP NORTH PORT, FL. 34289

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 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: Audrey M. FINEO AUDREY M. FINEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 (941) 426-2283

Date

Daytime Phone #