

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                   |                                 |                                                                                                                                      |                                                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L92944</b><br>1. Entity Name<br><b>AREAL ENTERPRISES OF PINELLAS COUNTY, INC.</b>                                                                                                                               |                                                                   |                                 |                                                                                                                                      |                                       |  |
| Principal Place of Business<br><b>1 NO. PINELLAS AVE<br/>TARPON SPRINGS FL 34689</b>                                                                                                                                          |                                                                   |                                 | Mailing Address<br><b>25 HARBOR BEACH ROAD<br/>P. O. BOX 5940<br/>MILLER PLACE NY 11764</b>                                          |                                                                                                                        |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country                                                                                                                                     |                                                                   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country                                                        |                                                                                                                        |  |
| 4. FEI Number <b>58-1916670</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>FATOLITIS, JOHN A.<br/>1 NO. PINELLAS AVE<br/>TARPON SPRINGS FL 34689</b>                                                                                               |                                                                   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <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 reinstating)      DATE _____                                                                                                                                  |                                                                   |                                 |                                                                                                                                      |                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                   |                                 |                                                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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>MARTINOS, GEORGE<br>PO BOX 5940<br>MILLER PLACE NY 11764    | <input type="checkbox"/> Delete |                                                                                                                                      |                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | VP<br>MARTINOS, DOROTHY<br>P.O. BOX 5940<br>MILLER PLACE NY 11764 | <input type="checkbox"/> Delete |                                                                                                                                      |                                                                                                                        |  |
| 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"/> Delete                                   |                                 |                                                                                                                                      |                                                                                                                        |  |
| 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"/> Delete                                   |                                 |                                                                                                                                      |                                                                                                                        |  |
| 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"/> Delete                                   |                                 |                                                                                                                                      |                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                   |                                 |                                                                                                                                      |                                                                                                                        |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Dorothy Martinos* **K.R. (DOROTHY MARTINOS)** **MARCH 24, 2005**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #