

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90001 016 ***550.00

DOCUMENT # L92944

1. Entity Name
AREAL ENTERPRISES OF PINELLAS COUNTY, INC.



Principal Place of Business
**1 NO. PINELLAS AVE
TARPON SPRINGS, FL 34689**

Mailing Address
**25 HARBOR BEACH ROAD
P. O. BOX 5940
MILLER PLACE, NY 11764**

50007585



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05222008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

58-1916670

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

**FATOLITIS, JOHN A.
1 NO. PINELLAS AVE
TARPON SPRINGS, FL 34689**

Name
Paul Castagliola, Esquire

Street Address (P.O. Box Number is Not Acceptable)
4020 Park Street

Suite 303

City

St. Petersburg,

FL

Zip Code

33709

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

Paul Castagliola

6-25-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME **MARTINOS, GEORGE**
STREET ADDRESS **PO BOX 5940**
CITY-ST-ZIP **MILLER PLACE, NY 11764**

TITLE VP ☐ Delete
NAME **MARTINOS, DOROTHY**
STREET ADDRESS **P.O. BOX 5940**
CITY-ST-ZIP **MILLER PLACE, NY 11764**

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 ☒ Change ☐ Addition
NAME **MARTINOS, DOROTHY**
STREET ADDRESS **P.O. BOX 5940**
CITY-ST-ZIP **MILLER PLACE, NY 11764**

TITLE ☐ Change ☐ Addition
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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 Chapter 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:

Dorothy Martinos Dorothy MARTINOS, Pres.

June 18, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #