

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000085609

1. Entity Name

ARAS ENTERPRISES INC



FILED

07 APR 30 AM 9:59

FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

325 SOUTH ORLANDO AVE.
WINTER PARK FL 32789

325 SOUTH ORLANDO AVE.
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

State Apt # etc

State Apt # etc

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FIC Number

20-0086631

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

LINARTAS, PAUL J
325 SOUTH ORLANDO AVE.
WINTER PARK FL 32789

Name

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

City

FL

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

(Signature of Agent or Director, if applicable)

(NOTE: Registered Agent signature required when agent is changed)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE	D	☐ Delete
NAME	LINARTAS, PAUL J	
STREET ADDRESS	325 SOUTH ORLANDO AVE.	
CITY, ST, ZIP	WINTER PARK FL 32789	
TITLE	D	☐ Delete
NAME	LINARTAS, JOSEPH J	
STREET ADDRESS	325 SOUTH ORLANDO AVE.	
CITY, ST, ZIP	WINTER PARK FL 32789	
TITLE	D	☐ Delete
NAME	LINARTAS, JURA	
STREET ADDRESS	325 SOUTH ORLANDO AVE.	
CITY, ST, ZIP	WINTER PARK FL 32789	
TITLE	D	☐ Delete
NAME	LINARTAS, JOSEPH V	
STREET ADDRESS	325 SOUTH ORLANDO AVE.	
CITY, ST, ZIP	WINTER PARK FL 32789	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

MS/8

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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 11, if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Paul J Linartas PAUL J LINARTAS

4-16-07

407.644 200