


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90287 015 \*\*\*150.00

<b>DOCUMENT # P02000117635</b> 1. Entity Name <b>ARIENCO, INC.</b>			
Principal Place of Business 7699 CAMERON CIRCLE FT.MYERS, FL 33912		Mailing Address 7699 CAMERON CIRCLE FT.MYERS, FL 33912	
2. Principal Place of Business <b>6285 Mark Lane</b>		3. Mailing Address <b>6285 Mark Lane</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Fort Myers FL</b>		City & State <b>Fort Myers FL</b>	
Zip <b>33912</b>	Country <b>USA</b>	Zip <b>33912</b>	Country <b>USA</b>
4. FEI Number <b>45-0486318</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BEIERLE, SCOTT F</b> <b>7699 CAMERON CIRCLE</b> <b>FT.MYERS, FL 33912</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6285 Mark Lane</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33912</b>	
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 <u><i>Scott Beierle</i></u> <span style="float: right;">4-26-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEIERLE, SCOTT F 7699 CAMERON CIRCLE FT.MYERS, FL 33912	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEIERLE, BERNIE 2507 AVE D EAST BISMARCK, ND 58507	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T BEIERLE, CONNIE 7699 CAMERON CIRCLE ST.MYERS, FL 33912	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6285 Mark Lane Fort Myers FL 33912	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6285 Mark Lane Fort Myers, FL 33912	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6285 Mark Lane Fort Myers, FL 33912	<input type="checkbox"/> Delete	<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 another like empowered.			
SIGNATURE: <u><i>Scott Beierle</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-26-04</u> Daytime Phone # <u>239-225-9142</u>	