

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90056 006 \*\*\*150.00

**DOCUMENT # P98000011834**

1. Entity Name  
**A & R ENTERPRISES OF CLEARWATER INC.**



Principal Place of Business  
**6530-1 CAPE HATERAS WAY NE  
ST. PETERSBURG, FL 33702**

Mailing Address  
**3773 CENTRAL AVE.  
C025  
SAINT PETERSBURG, FL 33713**

**50013345**



02022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**346 - 80th AVE NE**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**ST PETERSBURG FL**

City & State

4. FEI Number  
**59-3533993**

Applied For  
Not Applicable

Zip Country  
**33702 USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WINEBRENNER, J M  
3773 CENTRAL AVE.  
ST. PETERSBURG, FL 33713-8338**

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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE DP ☐ Delete  
NAME **TELLONE, RICHARD A**  
STREET ADDRESS **346 80 AVE NE**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE DS ☐ Delete  
NAME **TELLONE, ANGELIA A**  
STREET ADDRESS **346 80TH AVE NE**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

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  
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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD TELLONE**

**2/2/05**

**727/327-1202**

Date

Daytime Phone #