

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716895

Entity Name: VENICE VIKINGS INC

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

PINEBROOK ROAD
VENICE, FL 34282 US

New Principal Place of Business:

1001 PINEBROOK ROAD
VENICE, FL 34285 US

Current Mailing Address:

POST OFFICE BOX 1702
VENICE, FL 34285

New Mailing Address:

POST OFFICE BOX 1702
VENICE, FL 34284

FEI Number: 23-7368554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, KATHRYN
830 BRENTWOOD DRIVE
VENICE, FL 34292 US

Name and Address of New Registered Agent:

LEACH, WENDI
1667 SEAPORT ST
NORTH PORT, FL 34288 US

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.

SIGNATURE: WENDI LEACH

04/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DETO, RICH
Address: 108 E. AURORA STREET
City-St-Zip: VENICE, FL 34285

Title: SD () Delete
Name: BARTRAM, LORI
Address: 808 E. BAFFIN DRIVE
City-St-Zip: VENICE, FL 34293

Title: TD () Delete
Name: STEWART, MAGGIE
Address: 626 CADIZ RD
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: THINNES, JAY
Address: 108 E.AURORA
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: HANKS, JIM
Address: 708 CAPISTRANO DRIVE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LEACH, WENDI
Address: 1677 SEAPORT ST
City-St-Zip: NORTH PORT, FL 34288

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDI LEACH

TD

04/15/2005

Electronic Signature of Signing Officer or Director

Date