


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90045 048 ****61.25

DOCUMENT # 762654
 1. Entity Name
VENICE BAY ADULT PARK, INC.



Principal Place of Business Mailing Address
149 SERPENTINE DR VENICE FL 34292
34285

2. Principal Place of Business Suite, Apt. #, etc.
 City & State Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
STEMPIEN, TED
158 SERPENTINE DR
VENICE FL 34292
34285

7. Name and Address of New Registered Agent
 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 *Ted Stempien* **TED STEMPIEN - TREASURER** **3-10-04**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PETERSON, RALPH	
STREET ADDRESS	150 SERPENTINE DR	
CITY-ST-ZIP	VENICE FL 34292	<i>34285</i>
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, CHARLES	
STREET ADDRESS	146 BAYOLI DR	
CITY-ST-ZIP	VENICE FL 34292	<i>34285</i>
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LOSEY, JAMES	
STREET ADDRESS	154 MORNINGSTAR RD	
CITY-ST-ZIP	VENICE FL 34292	<i>34285</i>
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONGWELL, CARL	
STREET ADDRESS	107 BAYOU DR.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUITER, WINSTON	
STREET ADDRESS	153 SERPENTINE DR.	
CITY-ST-ZIP	VENICE FL 34292	<i>34285</i>
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEMPEN, TED	
STREET ADDRESS	158 SERPENTINE DR	
CITY-ST-ZIP	VENICE FL 34292	<i>34285</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT MONTGOMERY	
STREET ADDRESS	178 MORNINGSTAR RD.	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE BROWN	
STREET ADDRESS	169 MORNINGSTAR RD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Ted Stempien* **TED STEMPIEN** **3-10-04** *941/495-7925*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #