


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: **149 SERPENTINE DR VENICE FL 34292**
 Mailing Address: **149 SERPENTINE DR VENICE FL 34292**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

MOORE CR2E037 (11/03)

4. FEI Number: **59-2258014** Applied For: Not Applicable:

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



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
 (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	PETERSON, RALPH 150 SERPENTINE DR VENICE FL 34292 34285
TITLE: D	ALLEN, CHARLES 146 BAYOLI DR VENICE FL 34292 34285
TITLE: VSD	LOSEY, JAMES 154 MORNINGSTAR RD VENICE FL 34292 34285
TITLE: D	LONGWELL, CARL 107 BAYOU DR. VENICE FL 34292
TITLE: D	SUITER, WINSTON 153 SERPENTINE DR. VENICE FL 34292 34285
TITLE: TD	STEMPEN, TED 158 SERPENTINE DR VENICE FL 34292 34285

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	ROBERT MONTGOMERY 178 MORNINGSTAR RD. VENICE FL 34285
TITLE: D	DALE BROWN 169 MORNINGSTAR RD VENICE FL 34285

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 #