


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90255 007 ***150.00

DOCUMENT # L38748
 1. Entity Name
 WATERFORD REALTY OF VENICE, INC.



Principal Place of Business: 333 COMMERCIAL CT., STE 101, VENICE, FL 34285 US
 Mailing Address: 333 COMMERCIAL CT., STE 101, SUITE A, VENICE, FL 34285 US

2. Principal Place of Business: 333 South Tamiami Trail, Suite/Apt. #, etc. 512 101, Venice FL
 3. Mailing Address: 333 South Tamiami Trail, Suite/Apt. #, etc. 512 101, Venice FL

Zip: 34285, Country: USA



04182006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-0167759
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, MICHAEL W.
 333 S. TAMIAMI TRAIL, STE 101
 VENICE, FL 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VDS	<input type="checkbox"/> Delete
NAME	PARRISH, JAYNE	
STREET ADDRESS	333 COMMERCIAL CT., STE 101	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, MICHAEL W.	
STREET ADDRESS	333 COMMERCIAL CT., STE 101	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILLER, TIMOTHY	
STREET ADDRESS	333 COMMERCIAL CT., STE 101	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 exemptions contained in Chapter 119, 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: _____ DATE: 4-28-06 DAYTIME PHONE #: 941-441-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR