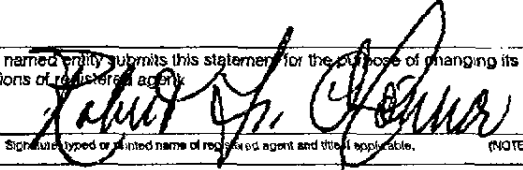
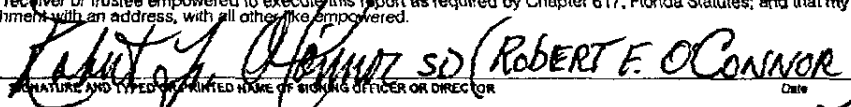


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002528			
1. Entity Name VENICE, FLORIDA, CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF THE BARBER SHO			
Principal Place of Business 1226 WATERSIDE LN VENICE, FL 34285		Mailing Address 1226 WATERSIDE LN VENICE, FL 34285	
DO NOT WRITE IN THIS SPACE			
		01192006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 26-0059889	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNOR, ROBERT F 1226 WATERSIDE LN VENICE, FL 34285		DO NOT WRITE IN THIS SPACE	
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:  SD (ROBERT F. O'CONNOR) 1/30/2006 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000417901 02/13/06-80071-023 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERS, FARNSLEY 910 BAYSHORE ROAD NOKOMIS, FL 34275		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'CONNOR, ROBERT F 1226 WATERSIDE LN VENICE, FL 34282		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRUMPY, ROBERT C 2111 TIMUCLIA TERR NOKOMIS, FL 34275		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 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:  SD (ROBERT F. O'CONNOR) 1/30/06 Signature typed or printed name of signing officer or director Date Daytime Phone # (941) 480-0444			