

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90045 047 ***150.00

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1. Entity Name

THE BANK OF VENICE



Principal Place of Business

240 NOKOMIS AVE S
VENICE, FL 34285

Mailing Address

240 NOKOMIS AVE S
VENICE, FL 34285

DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number

90-0022851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSON, CHARLES E
STREET ADDRESS 436 ANCHORAGE DR
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D
NAME BRANDT, JAMES H
STREET ADDRESS 420 ANCHORAGE DR
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D
NAME DALTON, JOSEPH
STREET ADDRESS 1218 VERMEER DR
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D
NAME DALTON, M M
STREET ADDRESS PO BOX 40
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE D
NAME DEBOER, ROBERT
STREET ADDRESS 613 FOUR BAYS DR
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE PD
NAME VOIGT, DAVID F
STREET ADDRESS 1007 BECKLEY CIR
CITY-ST-ZIP VENICE, FL 34292

**DO NOT WRITE
IN THIS SPACE**

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:

Lisa Hawkins

Lisa Hawkins

3-19-07

941-4853699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #