## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000132039

Entity Name: LONG VENTURES, INC.

FILED Apr 12, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

2213 ANDREA LANE, S.E. #105 24642 CLAIRE STREET FORT MYERS, FL 33912 BONITA SPRINGS, FL 34135

**Current Mailing Address: New Mailing Address:** 

2213 ANDREA LANE, S.E. #105 24642 CLAIRE STREET FORT MYERS, FL 33912 BONITA SPRINGS, FL 34135

FEI Number: 54-2095222 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWBY-LONG, TRINA NEWBY-LONG, TRINA 24642 CLAIRE STREET 2213 ANDREA LANE BONITA SPRINGS, FL 34135 **SUITE #105** US FORT MYERS, FL 33912 US

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.

SIGNATURE: 04/12/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

PRFS ( ) Delete Title: **PRFS** (X) Change ( ) Addition

Title: Name: LONG, WILLIAM Name: LONG, WILLIAM 2213 ANDREA LANE, S.E. #105 24642 CLAIRE STREET Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: BONITA SPRINGS, FL 34135

VΡ Title: (X) Change ( ) Addition Title: () Delete

Name: HAYES, PETER A Name: NEWBY-LONG, TRINA L 2213 ANDREA LANE, S.E. #105 24642 CLAIRE STREET Address: Address: FORT MYERS, FL 33912 BONITA SPRINGS, FL 34135 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

NEWBY-LONG, TRINA L Name: Name: 2213 ANDREA LANE, S.E. #105 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRINA NEWBY-LONG ST 04/12/2005