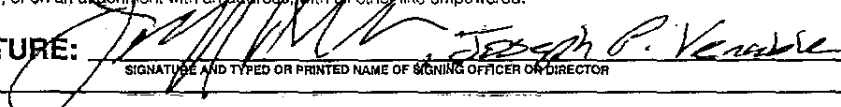


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000102299 1. Entity Name KAKLIS, VENABLE & WITT, P.A.		
Principal Place of Business 1400 4TH AVENUE WEST BRADENTON, FL 34205	Mailing Address 1400 4TH AVENUE WEST BRADENTON, FL 34205	
DO NOT WRITE IN THIS SPACE		
04012005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0715625		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KAKLIS, V. WILLIAM 1400 4TH AVENUE WEST BRADENTON, FL 34205		
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 _____ (NOTE: Registered Agent's signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VENABLE, JOSEPH P 1532 84TH STREET, NW BRADENTON, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WITT, RONALD E 704 23RD AVENUE W PALMETTO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM, KAKLIS V 4304 REDFISH COURT PALMETTO, FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/14/05 Daytime Phone #: 888-247-1187		



U00000303836
04/14/05-80019-003 150.00