

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00
Secretary of State

DOCUMENT # P04000037042	
1. Entity Name T & S ENTERPRISES OF VENICE, INC.	

Principal Place of Business 545 S TAMiami TRAIL VENICE, FL 34285	Mailing Address 545 S TAMiami TRAIL VENICE, FL 34285
--	--

DO NOT WRITE IN THIS SPACE

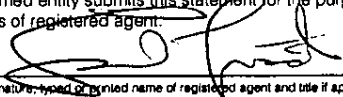


03012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0783734	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

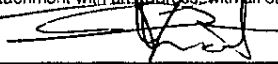
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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 	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, 2008 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	PD LICATA, SALVATORE 545 S TAMiami TRAIL VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TREZZA, ANTONIO 545 S TAMiami TRAIL VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LICATA, DEBRA 545 S TAMiami TRAIL VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TREZZA, PHYLLIS 545 S TAMiami TRAIL VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	