2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # P04000037042

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

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

03012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

U00000845934
03/20/08-80037-014 150.00

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