2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State
04-17-2008 90013 027 ***150.00

DOCUMENT # 404248

1. Entity Name
THOMAS VENA REALTY, INC.

bbU1UU1

1st MOORE CR2E034 (10/07)

Principal Place of Business
~~11007 N 56TH ST~~
~~SUITE K~~
~~TEMPLE TERRACE FL 33617~~
US

Mailing Address
~~11007 N 56TH ST~~
~~SUITE K~~
~~TEMPLE TERRACE FL 33617~~
US

2. Principal Place of Business - No P.O. Box #
~~17724 Oak Bridge St~~
Suite, Apt. #, etc. 600 MAGNOLIA ST
City & State TAMPA, FL.
Zip 33601 Country USA

3. Mailing Address 17724 OAK BRIDGE ST
Suite, Apt. #, etc. TAMPA, FL
City & State 33647
Zip Country USA

4. FEI Number 59-1718673 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~VENA, THOMAS E~~
~~11007 N 56TH ST~~
~~SUITE K~~
~~TEMPLE TERRACE FL 33617~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 4/1/08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	VENA, THOMAS E	
STREET ADDRESS	17724 OAK BRIDGE ST	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	☐ Delete
NAME	VENA, PRISCILLA	
STREET ADDRESS	17724 OAK BRIDGE ST	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] President 4/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #