

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90449 040 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 580989 1. Entity Name EAST VENICE HOMES, INC.			
Principal Place of Business 4710 69TH CT E PALMETTO, FL 34221		Mailing Address P.O. BOX 5027 SARASOTA, FL 34277 US	
2. Principal Place of Business 315 58th St. Suite, Apt. #, etc. Suite E City & State Holmes Beach, FL Zip 34217 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-1878286		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROKROSKIA, JULIA 315 58TH ST STE 1 HOLMES BEACH, FL 34217		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, 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST PRINE, ROBERT E P.O. BOX 7553 N/A BRADENTON, FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Prine Robert E. P.O. Box 5027 N/A Sarasota, FL 34277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINE, ROBERT JR 6610 38TH AVENUE CIRCLE WEST BRADENTON, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Prine, Robert Jr. 6910 22nd St. West Bradenton, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINE, BARBARA PO BOX 5027 N/A SARASOTA, FL 34277	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Robert E. Prine</i>		Robert E. Prine 4/28/04 941-376-3727	