



FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90446 037 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 716895					
1. Entity Name VENICE VIKINGS INC					
Principal Place of Business 1001 PINEBROOK ROAD VENICE, FL 34285 US			Mailing Address POST OFFICE BOX 1702 VENICE, FL 34284		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-7368554	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STROER, DONNA 871 CITRUS RD VENICE, FL 34293				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DETO, RICH	NAME			
STREET ADDRESS	108 E. AURORA STREET	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARTRAM, LORI	NAME	Lisa Voight		
STREET ADDRESS	808 E. BAFFIN DRIVE	STREET ADDRESS	905 E. Shannon CT		
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP	VENICE FL 34293		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEACH, WENDI	NAME			
STREET ADDRESS	1677 SEAPORT ST	STREET ADDRESS			
CITY-ST-ZIP	NORTH PORT, FL 34288	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THINNES, JAY	NAME			
STREET ADDRESS	108 E. AURORA	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANKS, JIM	NAME			
STREET ADDRESS	708 CAPISTRANO DRIVE	STREET ADDRESS			
CITY-ST-ZIP	NOKOMIS, FL 34275	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STROER, DONNA	NAME			
STREET ADDRESS	871 CITRUS RD	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP			
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 617, 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: 		DONNA STROER		4/24/07 941 929-7725	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	