

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90084 028 ***158.75

DOCUMENT # G20315

1. Entity Name
VENICE PLUMBING, INC.



Principal Place of Business
**140 E MIAMI AVE.
VENICE, FL 34285**

Mailing Address
**140 E MIAMI AVE.
VENICE, FL 34285**

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DALTON, M.M.
140 E MIAMI AVE.
VENICE, FL 34285**

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME DALTON, M. M.
STREET ADDRESS 118 SUN AIRE TERRACE
CITY-ST-ZIP NOKOMIS, FL

TITLE V
NAME DALTON, JOSEPH P
STREET ADDRESS 1218 VERMEER DR.
CITY-ST-ZIP NOKOMIS, FL

TITLE ST
NAME DALTON, PATRICIA S.
STREET ADDRESS 118 SUN AIRE TERRACE
CITY-ST-ZIP NOKOMIS, FL

TITLE V
NAME DALTON, MICHAEL
STREET ADDRESS 405 FAUN ROAD
CITY-ST-ZIP NOKOMIS, FL

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.M. Dalton 04/19/04 941-488-6074

Date

Daytime Phone #