

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90024 025 \*\*\*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**

400317



03042008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 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	P
NAME	DALTON, M M
STREET ADDRESS	118 SUN AIRE TERRACE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	V
NAME	DALTON, JOSEPH P
STREET ADDRESS	1218 VERMEER DR.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	ST
NAME	DALTON, PATRICIA S
STREET ADDRESS	118 SUN AIRE TERRACE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	V
NAME	DALTON, MICHAEL L
STREET ADDRESS	405 FAUN ROAD
CITY-ST-ZIP	VENICE, FL 34293
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 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 otherlike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph P Dalton* **Joseph P Dalton** 03/04/08 941-488-6014