


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J99211</b> 1. Entity Name <b>DELU OF VENICE CORPORATION</b>	
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Principal Place of Business <b>% DENNIS DUBYTZ 232 FIESOLE ST VENICE, FL 34285</b>	Mailing Address <b>% DENNIS DUBYTZ 232 FIESOLE ST VENICE, FL 34285</b>
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01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0059595</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DUBYTZ, DENNIS 232 FIESOLE ST VENICE, FL 34285</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

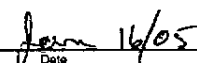
U000000190070  
01/24/05-80121-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBYTZ, DONALD 146 SILVER LADY LN NORTH BAY, ONTARIO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBYTZ, LUCIE 146 SILVER LADY LN NORTH BAY, ONTARIO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUBYTZ, DENNIS 232 FIESOLE ST VENICE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBYTZ, DEBORAH 232 FIESOLE ST VENICE, 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:**  **DON DUBYTZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **16/05 705-472-2980**  
Date Daytime Phone #