

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90016 043 ***150.00

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03272007 Chg-P CR2E034 (12/06)

4. FEI Number **59-2930386** Applied For Not Applicable

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

DOCUMENT # K47832
 1. Entity Name
VENUS MANUFACTURING, INC.



Principal Place of Business Mailing Address
11711 MARCO BEACH DRIVE **11711 MARCO BEACH DRIVE**
SUITE 6 **SUITE 6**
JACKSONVILLE, FL 32224-7615 US **JACKSONVILLE, FL 32224-7615 US**

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

6. Name and Address of Current Registered Agent

ERWIN, FOUNTAIN & JACKSON, P.A. **Daryle Scott**
~~**8762 PERIMETER PARK BLVD**~~ **11711 Marco Beach Dr.**
~~**JACKSONVILLE, FL 32246**~~ **Jacksonville, FL**
32224

7. Name and Address of New Registered Agent

Name **Daryle V. Scott**
 Street Address (P.O. Box Number is Not Acceptable) **11711 Marco Beach Dr.**
 City **Jacksonville** FL **32224**

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 *Daryle Scott* DATE 4/25/07
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 **9. Election Campaign Financing** **\$5.00 May Be**
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REIFENSNYDER, ROGER R 11711 MARCO BEACH DRIVE JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daryle Scott 11711 Marco Beach Dr Jacksonville, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS William Hillegass 11711 Marco Beach Dr Jacksonville, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 other like empowered.

SIGNATURE: *Daryle Scott* DATE 4/25/07 DAYTIME PHONE # 904-596-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR