



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90754 008 \*\*\*150.00

<b>DOCUMENT # L38748</b> 1. Entity Name <b>WATERFORD REALTY OF VENICE, INC.</b>					
Principal Place of Business <b>395 COMMERCIAL CT SUITE A VENICE, FL 34292 US</b>			Mailing Address <b>395 COMMERCIAL CT SUITE A VENICE, FL 34292 US</b>		
2. Principal Place of Business <b>333 S. Tamiami Trail Suite, Apt. #, etc. Suite 101 City &amp; State Venice, FL Zip 34285</b>		3. Mailing Address <b>333 S. Tamiami Trail Suite, Apt. #, etc. Suite 101 City &amp; State Venice, FL Zip 34285</b>			
4. FEI Number <b>65-0167759</b>		Applied For <input type="checkbox"/> Not Applicable		01072004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>MILLER, MICHAEL W. 395 COMMERCIAL CT SUITE A VENICE FL, FL 34292</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS PARRISH, JAYNE 395 COMMERCIAL CT, SUITE A VENICE, FL 34292 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parrish, Jayne - VDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 101 Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MICHAEL W. 395 COMMERCIAL CT, SUITE A VENICE, FL 34292 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miller, Michael W. - PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 101 Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, TIMOTHY 395 COMMERCIAL CT, SUITE A VENICE, FL 34292 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miller, Timothy - VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 101 Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> _____ <b>4-26-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					