


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90255 007 ***150.00

DOCUMENT # L38748 1. Entity Name WATERFORD REALTY OF VENICE, INC.					
Principal Place of Business 333 COMMERCIAL CT., STE 101 VENICE, FL 34285 US			Mailing Address 333 COMMERCIAL CT., STE 101 SUITE A VENICE, FL 34285 US		
2. Principal Place of Business <i>333 South Tamiami Trail</i>		3. Mailing Address <i>333 South Tamiami Trail</i>			
Suite, Apt. #, etc. <i>Ste 101</i>		Suite, Apt. #, etc. <i>Ste 101</i>		04182006 Chg-P CR2E034 (11/05)	
City & State <i>Venice FL</i>		City & State <i>Venice FL</i>		4. FEI Number 65-0167759	
Zip <i>34285</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, MICHAEL W. 333 S. TAMIA MI TRAIL, STE 101 VENICE, FL 34285				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS PARRISH, JAYNE <input type="checkbox"/> Delete 333 COMMERCIAL CT., STE 101 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MICHAEL W. <input type="checkbox"/> Delete 333 COMMERCIAL CT., STE 101 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, TIMOTHY <input type="checkbox"/> Delete 333 COMMERCIAL CT., STE 101 VENICE, FL 34285		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	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-06 941-441-1380 <small>Date Daytime Phone #</small>		