

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67256

FILED
Apr 26, 2005
Secretary of State

Entity Name: VENETIAN EXXON AND SERVICE CENTER, INC.

Current Principal Place of Business:

P. O. BOX 211
3919 HIGHWAY 390
LYNN HAVEN, FL 324440211 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 39
CRESTVIEW, FL 32636 US

New Mailing Address:

FEI Number: 59-3008014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TATE, ROBERT E.
806 HWY 90 W
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TATE, ROBERT E
Address: PHIL TYNER ROAD
City-St-Zip: CRESTVIEW, FL

Title: DV () Delete
Name: JONES, GARY C
Address: 1407 TROOT DR
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: JONES, GARY C
Address: 2541 FEROL LANE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY C JONES

DV

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date