


2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 13 AM 11:11

DOCUMENT # M79924 1. Entity Name SAN CARLOS VENTURE, INC.					
Principal Place of Business C/O JOHN W MEYER, CPA 1207 3RD STR SO, STE 4 NAPLES, FL 34102 US			Mailing Address C/O JOHN W MEYER, CPA 1207 3RD STR SO, STE 4 NAPLES, FL 34102 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0063585	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIS, JAMES E. 1100 FIFTH AVENUE S, #409 NAPLES, FL 34102			Name Willis, James E Street Address (P.O. Box Number is Not Acceptable) 975 Sixth Ave South, Ste 200 City Naples FL Zip Code 34102		
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 James E Willis <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 1/5/09 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2009 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	D THOMPSON, BRAD 2152 LONGBOAT DR. NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700140504997 01/13/09--01023--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, JAMES E. 1100 FIFTH AVENUE S, #409 NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Willis, James E 975 Sixth Ave S, Ste 200 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, JOHN W. 1207 3RD STR SO, STE 4 NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, BARON G 2600 GOLDEN GATE PARKWAY NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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"/> Addit
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"/> Addit

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **John W Meyer** 1/5/09 239-261-9787