


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90073 031 \*\*\*\*61.25

**DOCUMENT # N02000007846**

1. Entity Name  
**VENICE FLORIDA CORVETTES, INC.**



Principal Place of Business  
**894 WOOD SORREL LANE**  
**VENICE, FL 34293**

Mailing Address  
**894 WOOD SORREL LANE**  
**VENICE, FL 34293**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01042006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

**VIDAS, JOHN M**  
**894 WOOD SORREL LANE**  
**VENICE, FL 34293**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VIDAS, JOHN M	
STREET ADDRESS	894 WOOD SORREL LANE	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VIDAS, GERRY M	
STREET ADDRESS	894 WOOD SORREL LANE	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COCCHI, BARBARA	
STREET ADDRESS	148 VENICE PALMS BLVD.	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT	
STREET ADDRESS	2991 ODESSA ST	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAEDER, DENNIS R.	
STREET ADDRESS	825 HARRINGTON LAKE LN.	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATTA, JOHN R.	
STREET ADDRESS	P.O. Box 659	
CITY-ST-ZIP	NOKOMIS, FL 34274	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:** *John R. Latta* **JOHN R. LATTA, TREASURER** 01/26/06 944-485-5209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #