


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90066 042 ****70.00

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1. Entity Name
VENETIAN MOBILE HOME OWNERS, INC.



Principal Place of Business
VENTIAN MOBILE COURT
SAINT PETERSBURG, FL 33703-2399

Mailing Address
DONALD J. LANDRY
5600 2ND WAY, N
SAINT PETERSBURG, FL 33703-2399 US

2. Principal Place of Business - No P.O. Box #
VENETIAN MOBILE HOME COURT
 Suite, Apt. #, etc. **COURT**

3. Mailing Address
MAVIS VAUGHN
 Suite, Apt. #, etc. **213 54TH TERRACE N.**

City & State
ST. PETERSBURG FL

Zip
33703

Country
USA



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2504898

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KREST, MARCUS
148 56TH TERRACE NORTH
SAINT PETERSBURG, FL 33703

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, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	P LANDRY, DONALD 5600 2ND WAY, N SAINT PETERSBURG, FL 33703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KREST, MARCUS 148 56TH TERR. SAINT PETERSBURG, FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAVERSTOCK, JANET 5600 3RD WAY, N SAINT PETERSBURG, FL 33703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GASKILL, LINDA 165 54TH TERRACE, N SAINT PETERSBURG, FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTAINE, LOUIS 5452 3RD WAY N SAINT PETERSBURG, FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLADUE, MICHAEL 289 BARNARD BLVD N SAINT PETERSBURG, FL 33703 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAVIS VAUGHN 213 54TH TERRACE N. ST. PETERSBURG, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARION BROOKS 5636 1ST LANE N. ST. PETERSBURG, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEN LANDRY 5600 2ND WAY N. ST. PETERSBURG, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD BOGUS 207 GREENVILLE AVE. N. ST PETERSBURG, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: *Marcus B Krest* **MARCUS B KREST** **2-8-08** **727 526-0018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #