
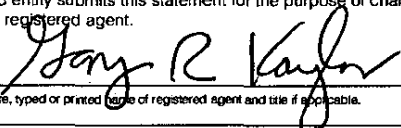
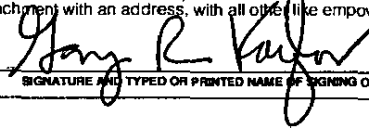


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90033 025 ****61.25

DOCUMENT # N97000003020					
1. Entity Name VENICE SHUFFLEBOARD CLUB, INC.					
Principal Place of Business 448 PALMETTO CT VENICE, FL 34285-2240			Mailing Address 448 PALMETTO CT VENICE, FL 34285-2240		
2. Principal Place of Business		3. Mailing Address		03162004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip	Country	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		
HAHN, HERBERT F 448 PALMETTO CT VENICE, FL 34285-2240			Name GARY R. KAYLOR		
			Street Address (P.O. Box Number is Not Acceptable)		
			855 COUNTRY CLUB CIRCLE		
			City VENICE FL Zip Code 34293		
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 GARY R. KAYLOR		DATE 3/17/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHAFFER, LARRY	NAME	KAYLOR, GARY		
STREET ADDRESS	111 AIRPORT AVE APT. 204	STREET ADDRESS	855 COUNTRY CLUB CIRCLE		
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	VENICE, FLORIDA 34293		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLEMET, BARBARA	NAME			
STREET ADDRESS	528 WEST VENICE AVE.	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCAULIFFE, DANIEL	NAME			
STREET ADDRESS	224 FIREWZE AVE W	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAHN, HERBERT	NAME			
STREET ADDRESS	448 PALMETTO CT. #A-1	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHTER, AL	NAME			
STREET ADDRESS	397 BAYCREST DR	STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		SIGNATURE GARY R. KAYLOR		DATE 3/17/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 941-493-5730	