

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003575	
1. Entity Name VENICE PYTHONS, INC.	
Principal Place of Business 1001 AVENIDA DEL CIRCO VENICE, FL 34285	Mailing Address P.O. BOX 1596 VENICE, FL 34284



DO NOT WRITE IN THIS SPACE

06282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0849485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOONE, JEFFERY A
 1001 AVENIDA DEL CIRCO
 VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRUBLE, KEITH 2505 FIRETREE LANE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEATHERHOLT, TOM 1714 QUAIL LAKE DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOONE, JEFFERY 1001 AVENIDA DEL CIRCO VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPLEY, TIM 5888 ELTON RD. VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINIBALDI, RAY 905 NOKOMIS AVENUE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWHAN, EDWARD 1108 DEARDON DR VENICE, FL 34292

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 07/13/05-80008-UU4 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Jeffery A. Boone Date 7/12/05 (941) 488-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #