

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000046175

1. Entity Name  
SIXTH STREET VENTURES, INC.



Principal Place of Business

4907 NW 43RD. ST.  
STE F  
GAINESVILLE, FL 32606

Mailing Address

4907 NW 43RD. ST.  
STE F  
GAINESVILLE, FL 32606



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3646993

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HOWARD, AMY L  
4907 NW 43RD. ST.  
STE F  
GAINESVILLE, FL 32606

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HOWARD, AMY L  
STREET ADDRESS 4907 NW 43RD. ST., SUITE F  
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D  
NAME PLA, JOHN M  
STREET ADDRESS 4907 NW 43RD. ST., SUITE F  
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D  
NAME KISH, JOHN JR.  
STREET ADDRESS 4421 NW 65TH TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D  
NAME KISH, KATHLEEN B  
STREET ADDRESS 4421 NW 65TH TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000107142  
04/09/04-80003-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Amy L. Howard* Amy L. Howard

4/6/04

352-331-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #