

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-14-2007 90035 027 ***150.00

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1. Entity Name

TOTAL ATHLETE OF VENICE, INC.



Principal Place of Business

4163 SOUTH TAMiami TRAIL
VENICE, FL 34293

Mailing Address

4163 SOUTH TAMiami TRAIL
VENICE, FL 34293



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1023277

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

SMITH, JULIE
4163 SOUTH TAMiami TRAIL
VENICE, FL 34293

**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

Gary M. Smith
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 SMITH, GARY
STREET ADDRESS 4163 SOUTH TAMiami TRAIL
CITY-ST-ZIP VENICE, FL 34293

TITLE D
NAME SMITH, JULIE
STREET ADDRESS 4163 SOUTH TAMiami TRAIL
CITY-ST-ZIP VENICE, FL 34293

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Gary M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Gary M. Smith 3-22-07 941 493-4116

owner