


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000066324	
1. Entity Name THE BANK OF VENICE	

Principal Place of Business 240 NOKOMIS AVE S VENICE FL 34285	Mailing Address 240 NOKOMIS AVE S VENICE FL 34285
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 90-0022851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES E
STREET ADDRESS	436 ANCHORAGE DR
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	<input type="checkbox"/> Delete
NAME	BRANDT, JAMES H
STREET ADDRESS	420 ANCHORAGE DR
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	<input type="checkbox"/> Delete
NAME	DALTON, JOSEPH
STREET ADDRESS	1218 VERMEER DR
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	<input type="checkbox"/> Delete
NAME	DALTON, M M
STREET ADDRESS	PO BOX 40
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	<input type="checkbox"/> Delete
NAME	DEBOER, ROBERT
STREET ADDRESS	613 FOUR BAYS DR
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	<input type="checkbox"/> Delete
NAME	VOIGT, DAVID F
STREET ADDRESS	1007 BECKLEY CIR
CITY-ST-ZIP	VENICE FL 34292

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:  **Lisa Hawkins** 2-8-08 941-485-3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #