

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90411 026 \*\*\*150.00

<b>DOCUMENT # P03000074574</b> 1. Entity Name <b>FORMULA ONE OF VENICE, INC.</b>					
Principal Place of Business <b>1119 CORPORATION WAY VENICE, FL 34285</b>				Mailing Address <b>1119 CORPORATION WAY VENICE, FL 34285</b>	
2. Principal Place of Business <b>119 Corporation Way</b> Suite, Apt. #, etc. <b>Unit F</b> City & State <b>Venice, FL</b> Zip <b>34285</b>		3. Mailing Address <b>119 Corporation Way</b> Suite, Apt. #, etc. <b>Unit F</b> City & State <b>Venice, FL</b> Zip <b>34285</b>			
4. FEI Number <b>30-0190740</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01302004    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>IZZO, JOHN P</b> <b>773 SO. INDIANA AVENUE</b> <b>ENGLEWOOD, FL 34223</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>KOBLE, CHRISTOPHER M</b> <b>1119 CORPORATION WAY</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>Kobler, Christopher M</b> <b>119 Corporation Way, Unit F</b> <b>Venice, FL 34285</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <b>KOBBLER, LAUREL E</b> <b>1119 CORPORATION WAY</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <b>Kobler, Laurel E</b> <b>119 Corporation Way, Unit F</b> <b>Venice, FL 34285</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>IZZO, JOHN P</b> <b>1119 CORPORATION WAY</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
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 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.					
<b>SIGNATURE:</b> <u>Laurel Kobler</u> <b>3-22-04</b> <b>941-486-</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;">             Daytime Phone # <b>0346</b> </div>					