


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90330 009 \*\*\*150.00

DOCUMENT # P03000138883			
1. Entry Name HAVEN HOLDINGS, INC. OF VENICE			
Principal Place of Business 604 ALHAMBRA RD. VENICE, FL 34285		Mailing Address 504 ALHAMBRA RD. VENICE, FL 34285	
2. Principal Place of Business 922 Gibbs Road Suite, Apt. #, etc.		3. Mailing Address 922 Gibbs Road Suite, Apt. #, etc.	
City & State Venice, Florida		City & State Venice, Florida	
4. FEI Number 20-0423786		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 SAGE, KELLY L 504 ALHAMBRA RD. VENICE, FL 34285		7. Name and Address of New Registered Agent Name: Sage, Kelly L. Street Address (P.O. Box Number is Not Acceptable): 922 Gibbs Road City: Venice FL Zip Code: 34285	
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: <i>Kelly Vattel</i> DATE: 4-27-04 <small>Signature typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$180.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGE, KELLY L 504 ALHAMBRA RD. VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Sage, Kelly L. 922 Gibbs Road Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Kelly Vattel</i>		DATE: 4-27-04 (941)587-1259	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

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04222004 Chg-P CR2E034 (10/03)