

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2007 08:00 A
Secretary of State

DOCUMENT # P05000086311

1. Entity Name
VENICE PIZZA, INC



Principal Place of Business
**1605-180 CR 220
ORANGE PARK, FL 32203**

Mailing Address
**PO BOX 16952
JACKSONVILLE, FL 32245**



05142007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3026734

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

**SIMSIR, MEHMET
1605-180 CR 220
ORANGE PARK, FL 32203**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMSIR, MEHMET
STREET ADDRESS	1605-180 CR 220
CITY-ST-ZIP	ORANGE PARK, FL 32203
TITLE	S
NAME	SIMSIR, CELEP
STREET ADDRESS	7509 DEVONDALE WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000765592
06/01/07-80014-001 150.00

**DO NOT WRITE
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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/28/07 6079944243
Date Daytime Phone #