

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-17-2006 90138 020 ***150.00

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DOCUMENT # P05000088365	
1. Entity Name OLDE FLORIDA VENTURES, INC.	

Principal Place of Business 633 LAKE JUNE ROAD LAKE PLACID, FL 33852 US	Mailing Address 633 LAKE JUNE ROAD LAKE PLACID, FL 33852 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01262006	Chg-P	CR2E034 (11/05)
4. FEI Number 20-3026897	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POSTRION, LAURIE A 108 LEMON ROAD NW LAKE PLACID, FL 33852	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POSTRION, LAURIE A PO BOX 482 LAKE PLACID, FL 33862 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POSTRION, PAUL I PO BOX 482 LAKE PLACID, FL 33862 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Laurie Postrian</u>	<u>Laurie Postrian</u>	<u>1/30/06</u>	<u>863-810-2343</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #