

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

07-09-2007 90043 032 ***150.00

DOCUMENT # P06000100740					
1. Entity Name O GALLERY OF VENICE, INC					
Principal Place of Business 937 RIVIERA ST VENICE, FL 34285			Mailing Address 937 RIVIERA ST VENICE, FL 34285		
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 20-5353663	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent OSS, JOEL 937 RIVIERA ST VENICE, FL 34285				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. <i>Joel Oss President</i> SIGNATURE: <i>Joel Oss</i> DATE: <i>7/5/2007</i> Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	OSS, JOEL		NAME		
STREET ADDRESS	937 RIVIERA ST		STREET ADDRESS		
CITY-STATE-ZIP	VENICE, FL 34285		CITY-STATE-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	OSS, NANCY F		NAME		
STREET ADDRESS	937 RIVIERA ST		STREET ADDRESS		
CITY-STATE-ZIP	VENICE, FL 34285		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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: <i>Joel Oss</i>			TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Joel Oss, President</i>		
Date: <i>7/5/2007</i>			Daytime Phone #: <i>941/486 1976</i>		

66020827



07052007 Chg-P CR2E034 (12/06)