

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # P94000018790

1. Entity Name
FANTASIES OF VENICE, INC.



Principal Place of Business

**1938 S TAMiami TR
VENICE, FL 34293**

Mailing Address

**2200 KINGS HWY
PMB #63
PORT CHARLOTTE, FL 33980**



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0580231

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOLTERMAN, RAYMOND JR.
1938 S. TAMiami TRAIL
VENICE, FL 34293**

**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 re-electing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME KOLTERMAN, RAYMOND JR.
STREET ADDRESS 1938 S. TAMiami TRAIL
CITY - ST - ZIP VENICE, FL

TITLE VP
NAME KOLTERMAN, PATRICIA
STREET ADDRESS 1938 S, TAMiami TR
CITY - ST - ZIP VENICE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/05/05-80001-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

3/28/05

941 6245915