

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000092850

1. Entity Name
ARGYLE VENTURES, INC.



Principal Place of Business
8638 PHILLIPS HIGHWAY #3
JACKSONVILLE, FL 32256

Mailing Address
8638 PHILLIPS HIGHWAY #3
JACKSONVILLE, FL 32256

FILED
08 FEB 22 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02072008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3291418

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONZIGER, MICHAEL
8638 PHILLIPS HWY., STE. #3
JACKSONVILLE, FL 32256

**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 renewing)

DATE _____

**FILE NOW! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DONZIGER, MICHAEL 8638 PHILLIPS HWY #3 JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVE, WARREN G 165 SEA ISLAND DR PONTE VEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DONZIGER, MICHAEL 8638 PHILLIPS HWY., #3 JACKSONVILLE, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT LEVE, G. WARREN 165 SEA ISLAND DRIVE PONTEVEDRA BEACH, FL 32082 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

100119546321
03/06/08--01012--022 **288.75

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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

2/25/08

Date

Daytime Phone # _____