

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000030104

Entity Name: VENICE MOTOR CARS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1018 US 41 BYPASS S
VENICE, FL 34285 US

New Principal Place of Business:

299 US 41 BYPASS S
VENICE, FL 34285 US

Current Mailing Address:

1018 US 41 BYPASS S
VENICE, FL 34285 US

New Mailing Address:

299 US 41 BYPASS S
VENICE, FL 34285 US

FEI Number: 65-0574512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOB, TIM L
1018 US HWY 41 BYPASS S.
VENICE, FL 34285 US

Name and Address of New Registered Agent:

JACOB, TIM L
299 US HWY 41 BYPASS S.
VENICE, FL 34285 US

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.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JACOB, TIM L
Address: 1279 THOREAU CIRCLE
City-St-Zip: VENICE, FL 34292

Title: VP () Delete
Name: JACOB, RYAN M
Address: 201 SUNSET BEACH DRIVE
City-St-Zip: VENICE, FL 34293

Title: TRES () Delete
Name: JACOB, TIM L
Address: 1279 THOREAU CIRCLE
City-St-Zip: VENICE, FL 34292

Title: SEC () Delete
Name: JACOB, RYAN M
Address: 201 SUNSET BEACH DRIVE
City-St-Zip: VENICE, FL 34293

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: LAROCCO, DAVID P
Address: 10 DEL PRADO
City-St-Zip: ENGLEWOOD, FL 34228

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM L JACOB

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date