


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90330 022 \*\*\*150.00

<b>DOCUMENT # P95000059726</b>	
1. Entity Name <b>VENETIA HOTEL, INC.</b>	

Principal Place of Business <b>901 VENETIA BAY BLVD. SUITE 300 VENICE, FL 34292</b>	Mailing Address <b>901 VENETIA BAY BLVD. SUITE 300 VENICE, FL 34292</b>
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14013979



2. Principal Place of Business <b>1601 Pine Lake Drive</b>	3. Mailing Address <b>1601 Pine Lake Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State <b>Venice, Florida</b>	City & State <b>Venice, Florida</b>
Zip <b>34285</b>	Country
Country	Zip <b>34285</b>
Country	Country

4. FEI Number <b>65-0610647</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>HARTENSTINE, J. MICHAEL 200 S. ORANGE AVENUE SARASOTA, FL 34236</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>P MITCHELL, RICHARD J</b>
STREET ADDRESS	<b>901 VENETIA BAY BLVD STE 300</b>
CITY-ST-ZIP	<b>VENICE, FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P Edwin D. Taylor</b>
STREET ADDRESS	<b>1601 Pine Lake Drive</b>
CITY-ST-ZIP	<b>Venice, FL 34285</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Date: <b>April 27 2004</b>	Daytime Phone #: <b>941 4840172</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		