

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000096370

1. Entity Name
REO OF VENICE, INC.



Principal Place of Business

**2131 HEASLEY ROAD
ENGLEWOOD, FL 34223**

Mailing Address

**2131 HEASLEY ROAD
ENGLEWOOD, FL 34223**



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAHA, HUSSEIN J
2131 HEASLEY ROAD
ENGLEWOOD, FL 34223**

**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 required on back of registered agent's filing. If applicable.

DIGITAL Registered Agent signature required when filing online.

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
**VT
BLANCO TAHA, MARIA D
2131 HEASLEY RD
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
TAHA, HUSSEIN J
2131 HEASLEY ROAD
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

U00000672717
03/28/07-80079-022 150.00

**DO NOT WRITE
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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Month

941-475-5899
3-14-07