

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000049719  
 1. Entity Name  
 VENICE MARINA, INC.



Principal Place of Business      Mailing Address  
 111 W FORTUNE STREET      111 W FORTUNE STREET  
 TAMPA, FL 33602 US      TAMPA, FL 33602 US

**DO NOT WRITE IN THIS SPACE**



04182008    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-3481024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CALLEN, IAN D  
 111 W FORTUNE STREET  
 TAMPA, FL 33602

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALLEN, ROBINSON
STREET ADDRESS	111 W FORTUNE STREET
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	PSD
NAME	CALLEN, ANDRE P
STREET ADDRESS	111 W FORTUNE ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	TD
NAME	CALLEN, IAN D
STREET ADDRESS	111 W FORTUNE ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/03/08-80016-013 150.00

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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: Andre P. Callen      Date: 4/30/08      Daytime Phone #: (913)229-6686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #