

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90121 042 ***158.75

DOCUMENT # P97000050791		
1. Entity Name VENICE ISLE REAL ESTATE SALES, INC.		

Principal Place of Business 603 ROMA RD VENICE, FL 34285 US	Mailing Address 603 ROMA RD VENICE, FL 34285 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01292007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0786450		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KORP, WILLIAM R 333 S TAMiami TRAIL, SUITE 199 VENICE, FL 34285		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 re-registering) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEMO, NEVILLE 101 35TH STREET NW BRADENTON, FL 34205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEK, WALTER 510 ROMA RD. VENICE, FL 34285 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEK, WALTER 510 ROMA RD. VENICE, FL 34285 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAURSEN, GAYLE 826 CERVINA DR. S. VENICE, FL 34285 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JAMES 782 CERVINA DR. N VENICE, FL 34285 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTERS, JACK 317 ROMA RD. VENICE, FL 34285 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWEENEY, JOAN 220 COMO DR. VENICE, FL 34285 ☐ Change ☒ Addition

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: Walter J Martinek WALTER J MARTINEK 01-30-07 941-485-7743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #