

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050791

FILED
Feb 06, 2009
Secretary of State

Entity Name: VENICE ISLE REAL ESTATE SALES, INC.

Current Principal Place of Business:

603 ROMA RD
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

603 ROMA RD
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 65-0786450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GORDON, SCOTT E
ONE SARASOTA TOWER
TWO NORTH TAMiami TRL STE 500
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DEMO, NEVILLE
Address: 101 35TH STREET NW
City-St-Zip: BRADENTON, FL 34205

Title: P () Delete
Name: MARTINEK, WALTER
Address: 510 ROMA RD.
City-St-Zip: VENICE, FL 34285

Title: T () Delete
Name: LAURSEN, GAYLE
Address: 826 CERVINA DR. S.
City-St-Zip: VENICE, FL 34285

Title: V () Delete
Name: SWEENEY, JOAN
Address: 220 COMO DR
City-St-Zip: VENICE, FL 34285

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:

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: NEVILLE DEMO

S

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date