

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005900

FILED  
Mar 30, 2007  
Secretary of State

Entity Name: VENUS PROPERTIES, INC.

## Current Principal Place of Business:

3635 S CLYDE MORRIS BLVD  
SUITE 500  
PORT ORANGE, FL 32129

## New Principal Place of Business:

## Current Mailing Address:

3635 S CLYDE MORRIS BLVD  
SUITE 500  
PORT ORANGE, FL 32129

## New Mailing Address:

FEI Number: 59-3569499      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGNONE, LOUIS M  
3635 S CLYDE MORRIS BLVD  
SUITE 500  
PORT ORANGE, FL 32129 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: D ( ) Delete  
Name: STELLA, GREGORY J  
Address: 3635 S CLYDE MORRIS BLVD/ STE 500  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: AGNONE, LOUIS M  
Address: 3635 S CLYDE MORRIS BLVD/ STE 500  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: MOULIS, HARRY  
Address: 3635 S CLYDE MORRIS BLVD/ STE 500  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: RICCI, DONATO R  
Address: 3635 S CLYDE MORRIS BLVD/ STE 500  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: SLADE, LAWRENCE  
Address: 2894 MALIBU COURT  
City-St-Zip: DAYTONA BEACH, FL 32128

Title: D ( ) Delete  
Name: GAINES, RICHARD  
Address: 1110 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176

## 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:

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 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: SUSAN J. DONIGAN

ADM.

03/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date