

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005900

Entity Name: VENUS PROPERTIES, INC.**Current Principal Place of Business:**3635 S CLYDE MORRIS BLVD
SUITE 500
PORT ORANGE, FL 32129**Current Mailing Address:**3635 S CLYDE MORRIS BLVD
SUITE 500
PORT ORANGE, FL 32129**FEI Number:** 59-3569499**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AGNONE, LOUIS M
3635 S CLYDE MORRIS BLVD
SUITE 500
PORT ORANGE, FL 32129 US*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**Officer/Director Detail :**

Title	D
Name	STELLA, GREGORY J
Address	3635 S CLYDE MORRIS BLVD/ STE 500
City-State-Zip:	PORT ORANGE FL 32129

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

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

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

Title	D
Name	SLADE, LAWRENCE
Address	2894 MALIBU COURT
City-State-Zip:	DAYTONA BEACH FL 32128

Title	D
Name	GAINES, RICHARD
Address	1110 JOHN ANDERSON DR
City-State-Zip:	ORMOND BEACH FL 32176

I hereby 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 all other like empowered.

SIGNATURE: LOUIS M. AGNONE M.D.**PRESIDENT****01/22/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date