

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 483378

1. Entity Name
LANDMARK OF VENICE, INC.



FILED
08 APR 14 PM 1:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**742 SHAMROCK BLVD.
 VENICE FL 34293**

Mailing Address
~~763 SHAMROCK BLVD.~~
742 SHAMROCK BLVD.
 VENICE FL 34293



2. Principal Place of Business - No P.O. Box #
742 Shamrock Blvd

3. Mailing Address
742 Shamrock Blvd

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1623446**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOONE, E.G.
 1001 AVENIDA DEL CIRCO
 VENICE FL**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title. (Facial code). (NOTE: Registered Agent signature required when not using)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STRAYER, ROBERT B JR	
STREET ADDRESS	763 SHAMROCK BOULEVARD	
CITY - ST - ZIP	VENICE FL 34293	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRAYER, ROBERT B	
STREET ADDRESS	376 THAMIR RD	
CITY - ST - ZIP	VENICE FL 34293	
TITLE	T	<input type="checkbox"/> Delete
NAME	STRAYER, LISA	
STREET ADDRESS	763 SHAMROCK BOULEVARD	
CITY - ST - ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	742 Shamrock Blvd	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	742 Shamrock Blvd	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600122233966	
CITY - ST - ZIP	04/04/08--01009--016 **438.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert B Strayer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08 9414971290
 Date of Filing #