



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90224 049 \*\*\*\*61.25

<b>DOCUMENT # 712614</b> 1. Entity Name <b>VENICE TOWN HOUSE, INC.</b>					
Principal Place of Business <b>705A W. VENICE AVENUE</b> <b>PO BOX 1164</b> <b>VENICE, FL 34284-1164</b>			Mailing Address <b>705A W. VENICE AVENUE</b> <b>PO BOX 1164</b> <b>VENICE, FL 34284-1164</b>		
2. Principal Place of Business <b>KEYS-CALDWELL, INC.</b> <b>1162 INDIAN HILLS BLVD.</b> <b>VENICE, FL 34293</b>		3. Mailing Address <b>KEYS-CALDWELL, INC.</b> <b>1162 INDIAN HILLS BLVD.</b> <b>VENICE, FL 34293</b>			
4. FEI Number <b>59-1323671</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MCKEE, JOSEPH E</b> <b>707C W. VENICE AVENUE</b> <b>VENICE, FL 34285</b>		7. Name and Address of New Registered Agent  Name <b>KEYS-CALDWELL, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1162 INDIAN HILLS BLVD.</b> <b>VENICE, FL 34293</b> City <b>FL</b> 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 <u><i>Annette K Caldwell, President</i></u> <span style="float: right;">4/14/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKEE, JOSEPH 707C W. VENICE AVENUE VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joan Olson 707 A West Venice Avenue Venice FL 34295	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LELAND- MAYER, POLLY 705B W. VENICE AVENUE VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Garry Lamardo 713 West Venice Avenue Venice FL 34295	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALANDER, ELLEN W 61 N BROADWAY ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <u><i>Joan T. Peace-Olson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/21/05 <small>Date Daytime Phone #</small>		