

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L00736

1. Entity Name
JEM OF VENICE, INC.



FILED

07 SEP 24 PM 3:40

CLERK OF STATE
TALLAHASSEE, FLORIDA



09142007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0129866

Applied For
Not Applicable

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

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

Suite, Apt. #, etc.
255 the Esplanade, #406

City & State
Venice FL

Zip
34285

Country
USA

3. Mailing Address

Suite, Apt. #, etc.
80 Tamarac Drive

City & State
Glastonbury CT

Zip
06033

Country
USA

6. Name and Address of Current Registered Agent

WILSON, MARY BETH
550 WEST FLAMINGO DRIVE
UNIT 1
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name
Terrell E. Towery

Street Address (P.O. Box Number is Not Acceptable)

304 W. Venice Avenue, Suite 220

City
Venice

FL

Zip Code
34285

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 *X* *J. Towery* (Terrell E. Towery, Registered Agent) 9-20-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WILSON, MARY BETH
550 WEST FLAMINGO DRIVE
VENICE, FL 34285 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
ZACCARDELLI, ELMO
550 WEST FLAMINGO DRIVE
VENICE, FL 34285 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9/25 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400110062574
09/28/07--01057--008 ***70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
255 the Esplanade, #406
Venice FL 34285 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE: *Elmo Zaccardelli* Elmo Zaccardelli, Pres. 9-17-07 (941) 484-4245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #