

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

04-29-2005 90203 046 \*\*\*\*61.25

**DOCUMENT # N37979**

1. Entity Name  
**VENICE AVENUE COMMERCIAL SUBDIVISION  
ASSOCIATION, INC.**



Principal Place of Business  
**1210 EAST VENICE AVE  
VENICE, FL 34292 US**

Mailing Address  
**1210 EAST VENICE AVE  
VENICE, FL 34292 US**



02012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3119419**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JESSUP II, THOMAS S  
1210 EAST VENICE AVE  
VENICE, FL 34292**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
**D  
BRITTON, TODD  
1190 EAST VENICE AVE  
VENICE, FL 34292**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JESSUP, TOM  
1210 EAST VENICE AVE  
VENICE, FL 34292**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCCLLOUD, KEVIN  
881 EAST VENICE AVE.  
VENICE, FL 34292**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/05**

Date

**(941) 484-9030**

Daytime Phone #