


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N37979 1. Entity Name VENICE AVENUE COMMERCIAL SUBDIVISION ASSOCIATION, INC.	
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Principal Place of Business 1210 EAST VENICE AVE VENICE, FL 34292 US	Mailing Address 1210 EAST VENICE AVE VENICE, FL 34292 US
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3119419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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04/13/07-80030-022 61.25

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IN THIS SPACE**

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 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:  **3/30/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #