

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053397

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** THE MANAGEMENT SERVICES OF VENICE, INC.

**Current Principal Place of Business:**

P.O. BOX 595  
VENICE, FL 34284

**New Principal Place of Business:**

530 US 41 BYPASS  
SUITE 18B  
VENICE, FL 34292

**Current Mailing Address:**

P.O. BOX 595  
VENICE, FL 34284

**New Mailing Address:**

**FEI Number:** 65-1016777      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'GRADY, CYNTHIA  
3380 RUSTIC ROAD  
NOKOMIS, FL 34275      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: O'GRADY, CYNTHIA  
Address: P.O. BOX 595  
City-St-Zip: VENICE, FL 34284

Title: SVP ( ) Delete  
Name: ROWAND, JAMIE  
Address: 3380 RUSTIC ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: ST ( ) Delete  
Name: ROWAND, MARK  
Address: 3380 RUSTIC RD  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA O'GRADY

PD

04/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date