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Jun 21, 2007 8:00 am
Secretary of State
04-30-2007 90405 023 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000094218

1. Entity Name
ARGUS MANAGEMENT OF VENICE, INC.

Principal Place of Business	Mailing Address
153 CENTER ROAD VENICE, FL 34285 US	153 CENTER ROAD VENICE, FL 34285 US

66019580

01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box	3. Mailing Address
181 Center Road	181 Center Road
Suite, Apt. #, etc.: Venice FL	Suite, Apt. #, etc.: Venice, FL
City & State	City & State
Zip: 34285 Country: US	Zip: 34285 Country: US

4. FEI Number: 20-3093145 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHELLE K OTTO PA
2010 PINE TERRACE
SARASOTA, FL FL

7. Name and Address of New Registered Agent

Name: Mark Paolillo PA
Street Address (P.O. Box Number is Not Acceptable): 248 S. Nokomis Avenue
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: ______ (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMPSON, ROBERT E ~~153 CENTER ROAD~~ VENICE, FL 34285	☐ Delete	P Simpson, Robert E 181 Center Road Venice, FL 34285	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA O'GRADY, BARBARA L ~~153 CENTER ROAD~~ VENICE, FL 34285	☐ Delete	Treas O'Grady, Barbara 181 Center Road Venice FL 34285	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Barbara L O'Grady (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4-13-07 Daytime Phone #: 941 4087413