

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000023099**

1. Entity Name  
**VENICE CENTER ASSOCIATES II, INC.**



Principal Place of Business  
**2800 KENNEDY DRIVE  
 VENICE FL 34292**

Mailing Address  
**2800 KENNEDY DRIVE  
 VENICE FL 34292**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0753324**

Applied For  
 Not Applicable

1st MOORE CR2E034 (10/06)

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN, PAMELA  
 2800 KENNEDY DR  
 VENICE FL 34293**

Name

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

City

**FL**

Zip Code

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  
 Make Check Payable to Florida Department of State**

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: **D**  Delete  
 NAME: **BRADY, RICHARD W**  
 STREET ADDRESS: **315 PINE GLEN WAY**  
 CITY-STATE-ZIP: **ENGLEWOOD FL 34223**

TITLE:  Change  Addition  
 NAME: **03/29/07-80074-016 150.00**

TITLE: **D**  Delete  
 NAME: **BRADY, ROBERT WILSON**  
 STREET ADDRESS: **5227 SIESTA COVE DRIVE**  
 CITY-STATE-ZIP: **SARASOTA FL 34242**

TITLE:  Change  Addition  
 NAME:  Change  Addition

TITLE: **D**  Delete  
 NAME: **SULLIVAN, PAMELA B**  
 STREET ADDRESS: **2800 KENNEDY DRIVE**  
 CITY-STATE-ZIP: **VENICE FL 34292**

TITLE:  Change  Addition  
 NAME:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-STATE-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition

TITLE:  Delete  
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 STREET ADDRESS:  Delete  
 CITY-STATE-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-STATE-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Pamela B Sullivan* 3-19-07 941-484-5118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #