




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90053 026 \*\*\*150.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # 303542</b><br>1. Entity Name<br><b>VENTURE HOLDINGS, INC.</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>PO BOX 585</b><br><b>WINDERMERE, FL 34786-0585</b>  |   |  | Mailing Address<br><b>PO BOX 585</b><br><b>WINDERMERE, FL 34786-0585</b> |  |  |
| 2. Principal Place of Business<br><b>1947 Black Lake Blvd</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>1947 Black Lake Blvd</b><br>Suite, Apt. #, etc.   |  |  |  |
| City & State<br><b>Winter Garden, FL</b>  |   | City & State<br><b>Winter Garden, FL</b>   |  | 4. FEI Number<br><b>59-1148192</b>   |  |
| Zip<br><b>34787</b>   |   | Country<br><b>Orange</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHESTNUT, BERT</b><br><b>7402 PARK SPRINGS CIR</b><br><b>ORLANDO, FL 32835</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br><b>Bert Chesnut</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1947 Black Lake Blvd</b><br>City<br><b>Winter Garden</b> <b>FL</b> Zip Code<br><b>34787</b> |  |  |  |
| 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.<br>SIGNATURE  DATE <b>3/12/05</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SV<br><b>CHESTNUT, ROSE MARIE</b><br><b>7402 PARK SPRINGS CIR</b><br><b>ORLANDO, FL 32835</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | SV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Rose Marie Chesnut</b><br><b>1947 Black Lake Blvd</b><br><b>Winter Garden, FL 34787</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PT<br><b>CHESTNUT, BERT</b><br><b>7402 PARK SPRINGS CIR</b><br><b>ORLANDO, FL 32835</b> <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Bert Chesnut</b><br><b>1947 Black Lake Blvd</b><br><b>Winter Garden FL 34787</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 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:   |   |  | Date <b>3/12/05</b> Daytime Phone #                                      |  |  |