


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 303542</b> 1. Entity Name <b>VENTURE HOLDINGS, INC.</b>					
Principal Place of Business <b>1947 BLACK LAKE BLVD WINTER GARDEN FL 34787</b>			Mailing Address <b>1947 BLACK LAKE BLVD WINTER GARDEN FL 34787</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1148192</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHESTNUT, BERT 1947 BLACK LAKE BLVD WINTER GARDEN FL 34787</b>				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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 NAME STREET ADDRESS CITY - ST - ZIP	SV CHESTNUT, ROSE MARIE 1947 BLACK LAKE BLVD WINTER GARDEN FL 34787		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> <div style="text-align: center;"> <b>100000532501</b>  <b>05/05/06-80087-001 150.00</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CHESTNUT, BERT 1947 BLACK LAKE BLVD WINTER GARDEN FL 34787		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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1st MOORE CR2E034 (10/05)

Applied For  
Not Applicable

**\$8.75 Additional Fee Required**

**FL** Zip Code

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

**100000532501**  
**05/05/06-80087-001 150.00**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/06 4079059082**  
Date Daytime Phone #