2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90155 004 ***158.75

DOCUMENT # 347299

1. Entity Name

VENABLE BUILDERS, INC.

Principal Place of Business	Mailing Address
738 NASSAU RD P.O. BOX 576 COCOA BEACH FL 32931	738 NASSAU RD P.O. BOX 576 COCOA BEACH FL 32931

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1286126 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VENABLE, JAMES M., JR.
1485 N. ATLANTIC AVE., STE 110
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name: Elizabeth C. Venable
Street Address (P.O. Box Number is Not Acceptable): 738 Nassau Rd
City: Cocoa Beach FL Zip Code: 32931

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: Elizabeth C Venable
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, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VENABLE, JAMES M., JR. 738 NASSAU RD COCOA BEACH FL	☑ Delete Deceased 7/5/07	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD VENABLE, CHARLES M. 738 NASSAU RD COCOA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VENABLE, ELIZABETH C. 738 NASSAU RD COCOA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Venable, Elizabeth C 738 Nassau Rd Cocoa Beach, FL 32931	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBROUILLETT, CYNTHIA A. 738 NASSAU RD COCOA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Elizabeth C Venable Elizabeth C. Venable 4/15/08 3217839873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 60033047 #347299

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO. 07-2814

1. DECEDENT'S NAME (First, Middle, Last, Suffix): James M. Venable
2. SEX: Male
3. DATE OF BIRTH (Month, Day, Year): March 5, 1920
4a. AGE - Last Birthday (Years): 87
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF DEATH (Month, Day, Year): July 5, 2007
6. SOCIAL SECURITY NUMBER: 577-38-9513
7. BIRTHPLACE (City and State or Foreign Country): Mt. Sterling, Kentucky
8. COUNTY OF DEATH: Brevard
9. PLACE OF DEATH (Check only one): HOSPITAL: X Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival; NON-HOSPITAL: ___ Hospice facility ___ Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other (Specify)
10. FACILITY NAME (If not institution, give street address): Cape Canaveral Hospital
11a. CITY, TOWN, OR LOCATION OF DEATH: Cocoa Beach
11b. INSIDE CITY LIMITS? X Yes ___ No
12. MARITAL STATUS (Specify): X Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name): Elizabeth Coleman
14a. RESIDENCE - STATE: Florida
14b. COUNTY: Brevard
14c. CITY, TOWN, OR LOCATION: Cocoa Beach
14d. STREET ADDRESS: 738Nassau Road
14e. APT. NO.:
14f. ZIP CODE: 32931
14g. INSIDE CITY LIMITS? X Yes ___ No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired"): Developer
15b. KIND OF BUSINESS/INDUSTRY: Real Estate
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.): X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe) ___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify) ___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. (Specify) ___ Other (Specify)
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) ___ Yes (If Yes, specify) X No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American ___ Other Hispanic (Specify) ___ Haitian
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.): ___ 8th or less ___ High school but no diploma ___ High school diploma or GED ___ College but no degree College degree (Specify): ___ Associate ___ Bachelor's X Master's ___ Doctorate
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes ___ No
20. FATHER'S NAME (First, Middle, Last, Suffix): James M. Venable, Sr.
21. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Moore
22a. INFORMANT'S NAME: Elizabeth Venable
22b. RELATIONSHIP TO DECEDENT: Wife
23a. INFORMANT'S MAILING - STATE: Florida
23b. CITY OR TOWN: Cocoa Beach
23c. STREET ADDRESS: 738Nassau Road
23d. ZIP CODE: 32931
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Machpelah Cemetery
25a. LOCATION - STATE: Kentucky
25b. LOCATION - CITY OR TOWN: Mt.Sterling
26a. METHOD OF DISPOSITION: ___ Burial ___ Entombment ___ Cremation ___ Donation X Removal from State ___ Other (Specify)
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? ___ Yes ___ No
27a. LICENSE NUMBER (of Licensee): F045035
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ► [signature]
28. NAME OF FUNERAL FACILITY: Beckman-Williamson Funeral Home
29a. FACILITY'S MAILING - STATE: Florida
29b. CITY OR TOWN: Cocoa Beach
29c. STREET ADDRESS: 101 North Brevard Ave
29d. ZIP CODE: 32931

MEDICAL CERTIFIER

30. CERTIFIER: X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) ___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier): ► [signature]
31b. DATE SIGNED (mm/dd/yyyy): 07/09/2007
32. TIME OF DEATH (24 hr.): 0325
33. MEDICAL EXAMINER'S CASE NUMBER:
34a. LICENSE NUMBER (Of Certifier): ME 77402
34b. CERTIFIER'S NAME: Francis Ashie, M.D.
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier):
36a. CERTIFIER'S - STATE: Florida
36b. CITY OR TOWN: Rockledge
36c. STREET ADDRESS: 1004 Beverly Drive
36d. ZIP CODE: 32955
37. SUBREGISTRAR - Signature and Date: ►
38a. LOCAL REGISTRAR - Signature: ► Staci L. Bogdan
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): JUL 10 2007

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

State of Florida, Department of Health, Vital Statistics

VOID IF ALTERED OR ERASED