## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT #660311** 05-05-2004 90218 018 \*\*\*150.00 KEN VENTURI ENTERPRISES, INC. 24069634 Mailing Address Principal Place of Business 161 WATERFORD CIRCLE 1232 ORANGE CT. MARCO ISLAND, FL 34145 RANCHO MIRAGE, CA 92270 US 2. Principal Place of Business 3. Mailing Address 161 Waterford Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E034 (10/03) Cha-P City & State Applied For 4. FEI Number City & State Rancho Mirage, 59-1983581 Not Applicable Country \$8.75 Additional $9\frac{70}{2}70$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Barbara Klimas VENTURI, KEN Street Address (P.O. Box Number is Not Acceptable) 1232 ORANGE COURT MARCO ISLAND, FL 34145 1207 Sunbird Avenue <sup>Zip</sup> 694 5 Marco Island 8. The above named enjity 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. 4-28-04 SIGNATURE (NOTE: Registered Agent skinsture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete Change Ch TITLE VENTURI, KEN NAME NAME Venturi, Ken 1232 ORANGE COURT STREET ADDRESS STREET ADDRESS 161 Waterford Circle Rancho Mirage, CA 92 MARCO ISLAND, FL 34145 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🕡 🔲 Change 🤥 - 🔲 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. PED OR PRINTED NAME

**FILED** 

May 05, 2004 8:00 am