

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90017 036 ***158.75

DOCUMENT # G28502

1. Entity Name
VENCO, INC.



Principal Place of Business
**2200 W COMMERCIAL BLVD., #301
PO BOX 142290
GAINESVILLE, FL 32614-2290 US**

Mailing Address
**2200 W COMMERCIAL BLVD., #301
PO BOX 142290
GAINESVILLE, FL 32614-2290 US**



2. Principal Place of Business
14811 NW 140 Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 142290
Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State
Alachua, FL

City & State
Gainesville, FL

4. FEI Number
59-2764990

Applied For
Not Applicable

Zip
32615

Country

Zip
32614-2290

Country

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

8. Name and Address of Current Registered Agent

**ALBERTINE, MICHAEL O.
2200 W COMMERCIAL BLVD, SUITE 301
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
Marvin W. Bingham, Jr.
Street Address (P.O. Box Number is Not Acceptable)
14811 NW 140th Street

City
Alachua **FL** Zip Code
32615

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]

7/28/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WYSZKOWSKI, LEON 2200 W COMMERCIAL BLVD, SUITE 301, FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WYSZKOWSKI, ELENA M 2200 W. COMMERCIAL BLVD #301 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT Wyszkowski, Leon 5745 SW 75 th Street, #332 Gainesville, FL 32614-2290	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS Wyszkowski, Elena 5745 SW 75 th Street, #332 Gainesville, FL 32614-2290	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 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]

Leon Wyszkowski, Pres. March 24, 2006 (352) 332-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #