


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # H40007 1. Entity Name VENTURE I PROPERTIES, INC. |  |
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| Principal Place of Business 675 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714 | Mailing Address 675 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714 |
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01032007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2497580 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent MEYERS, JAMES F 675 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714 |
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**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000630064
02/19/07-90026-004 150.00

| | |
|--|---|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST MEYERS, JAMES F 2508 CIMMARON ASH WAY APOPKA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDLEY, GARY 6631 WOODRIDGE DR FERN PARK, FL 327302932 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Feb 07

Date

407 774 9400

Daytime Phone #