


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H76329		
1. Entity Name VENTURE VENDING, INC.		

Principal Place of Business 820 SHETTER AVE. JACKSONVILLE BEACH, FL 32250	Mailing Address 820 SHETTER AVE. JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business 9556 Historic Kings Rd S	3. Mailing Address 9556 Historic Kings Rd S
Suite, Apt. #, etc. 204	Suite, Apt. #, etc. 204
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32257	Country USA

FILED
05 NOV -7 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032005 REIN-P CR2E098 (6/04)

4. FEI Number 59-2603342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EVANS, VICTOR 820 SHELTER AVE JACKSONVILLE BEACH, FL 32250	7. Name and Address of New Registered Agent Name Victor Evans Street Address (P.O. Box Number is Not Acceptable) 9556 Historic Kings Road S. #204 City Jacksonville FL Zip Code 32257
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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: Victor Evans (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	EVANS, VICTOR <input type="checkbox"/> Delete	TITLE PD	Evans, Victor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	820 SHETTER AVE.	NAME	9556 Historic Kings Rd S. #204
STREET ADDRESS	JACKSONVILLE BEACH, FL 32250	STREET ADDRESS	Jacksonville, FL 32257
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	THORNTON, ROBERT <input checked="" type="checkbox"/> Delete	TITLE	300061221693 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	820 SHETTER AVE.	NAME	11/07/05--01066--021 **750.00
STREET ADDRESS	JACKSONVILLE BEACH, FL 32250	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Victor Evans SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #