

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90089 008 \*\*\*150.00

**DOCUMENT # H90297**

1. Entity Name

VILLAGE BUTCHER SHOP, INC.



Principal Place of Business

5139 GALL BLVD.  
ZEPHYRHILLS FL 33541-4963

33542

Mailing Address

5139 GALL BLVD.  
ZEPHYRHILLS FL 33541-4963

33542

24004443



MOORE

CR2E034 (11/03)

2. Principal Place of Business

ZEPHYRHILLS

Suite, Apt. #, etc.

0

3. Mailing Address

5139 GALL BLVD

Suite, Apt. #, etc.

0

City & State

ZEPHYRHILLS FLA

City & State

ZEPHYRHILLS FLA

Zip

33542

Country

PASCO

Zip

33542

Country

PASCO

4. FEI Number

59-2945438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FITOS, JEFFREY J.  
ONE E. SILVER SPRINGS BLVD.  
OCALA FL 32670

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 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

TITLE	P	<input type="checkbox"/> Delete
NAME	VENTURA, DANIELLE L	
STREET ADDRESS	5735 DOGWOOD ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VENTURA, DONALD K	
STREET ADDRESS	5735 DOGWOOD ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Donald K Ventura* DONALD K VENTURA 1-21-04 1-813-7832771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #