

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90008 005 \*\*\*150.00

**DOCUMENT # H94998**

1. Entity Name  
**VENTURE ASSOCIATES CORPORATION**



Principal Place of Business

**5127 NW 26TH ST  
OCALA, FL 34482 US**

Mailing Address

**5127 NW 26TH ST  
OCALA, FL 34482 US**

**042037637**



04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2632697**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HART & GRAY  
125 N.E. FIRST AVENUE, STE. 1  
OCALA, FL 34471**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CDS
NAME	PEARSALL, RICHARD L.
STREET ADDRESS	5000 N US HWY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	VPDS
NAME	ECKMAN, KENNETH A.
STREET ADDRESS	5000 N US HWY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	PT
NAME	ARTHUR, TAIT F JR
STREET ADDRESS	5000 N US HWY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	D
NAME	ECKMAN, PETER H
STREET ADDRESS	5000 N US HIGHWAY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-8-04 352-732-5450**