


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H95564 1. Entity Name VENTURE ASSOCIATES REALTY CORPORATION	
---	---



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2632695	Applied For Not Applicable
-----------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HART & GRAY
125 N.E. FIRST AVE., STE. 1
OCALA, FL 32670

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

UD00000119950
04/19/04-80118-004 150.00

**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)(f), 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