

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90026 025 \*\*\*150.00

**DOCUMENT # J31877**

1. Entity Name

VENTURA INN, INC.



Principal Place of Business

% LOUISE M. PROVENZANO  
720 NORTH FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

Mailing Address

% LOUISE M. PROVENZANO  
720 NORTH FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

2. Principal Place of Business

% Vincent Provenzano  
Suite, Apt. #, etc.  
720 N. Fed. Hwy  
City & State  
Hollywood, FL  
Zip  
33020 Country  
Broward

3. Mailing Address

% Vincent Provenzano  
Suite, Apt. #, etc.  
720 N. Fed. Hwy  
City & State  
Hollywood, FL  
Zip  
33020 Country  
Broward



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2784713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PROVENZANO, VINCENT  
720 NORTH FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

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, 2005 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	DP	<input checked="" type="checkbox"/> Delete
NAME	PROVENZANO, LOUISE	
STREET ADDRESS	720 N FEDERAL HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PROVENZANO, VINCENT	
STREET ADDRESS	720 N. FEDERAL HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Provenzano, Vincent	
STREET ADDRESS	720 N. Fed. Hwy	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	J.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROVENZANO Elizabeth	
STREET ADDRESS	720 N. Fed. Hwy	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROVENZANO Monique	
STREET ADDRESS	720 N. Fed. Hwy	
CITY-ST-ZIP	Hollywood, FL 33020	
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
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:**

*Vincent Provenzano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/05 (954) 921-1031