

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90083 046 ***150.00

DOCUMENT # K05158

1. Entity Name

VENTURE CIRCLE ENTERPRISES, INC.



Principal Place of Business

% IVOR A. SINGER, JR.
6966 VENTURE CIRCLE
ORLANDO FL 32807

Mailing Address

% IVOR A. SINGER, JR.
6966 VENTURE CIRCLE
ORLANDO FL 32807

24006755



MOORE

CR2E034 (11/03)

2. Principal Place of Business

6802 Stapoint Ct.

3. Mailing Address

P.O. Box 6068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, Fla.

4. FEI Number

59-2864573

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32793-6068

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, MARY SCOTT
6966 VENTURE CIRCLE
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name SINGER, Mary Scott

Street Address, P.O. Box Number is Not Acceptable

6802 Stapoint Ct.

City Winter Park

FL

Zip Code

32792

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 replacing)

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 D ☐ Delete
NAME SINGER, IVOR A.
STREET ADDRESS 1616 TIOGA TR
CITY-ST-ZIP WINTER PARK FL 32789

TITLE PD ☐ Delete
NAME SINGER, MARY SCOTT
STREET ADDRESS 1616 TIOGA TR
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ST ☐ Delete
NAME SMITH, BETH R
STREET ADDRESS 2240 GLENWOOD DR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-04 (407) 677-6004