2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # K80251

1. Entity Name
VENTURE ASSOCIATES INSURANCE CORPORATION

Principal Place of Business	Mailing Address
SIMMONS, HART AND SHEENE OCALA, FL 34871 US	5000 N US HWY 27 OCALA, FL 34482 US

02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2942316
☐ 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 NE 1ST AVE
STE 1
OCALA, FL 32670

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CDAS
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	PDAS
NAME	TAIT, ARTHUR 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	

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04/19/04-80118-003 150.00

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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: _____ 4-8-04 352-732-5450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #