

**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	
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Principal Place of Business SIMMONS, HART AND SHEENE OCALA, FL 34871 US	Mailing Address 5000 N US HWY 27 OCALA, FL 34482 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HART & GRAY 125 NE 1ST AVE STE 1 OCALA, FL 32670	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

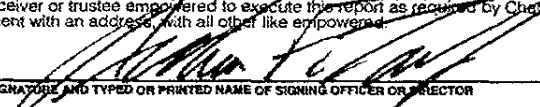
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDAS PEARSALL, RICHARD L. 5000 N US HWY 27 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS ECKMAN, KENNETH A. 5000 N US HWY 27 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDAS TAIT, ARTHUR F., JR. 5000 N US HWY 27 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ECKMAN, PETER H 5000 N US HIGHWAY 27 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

0000000119948
04/19/04-80118-003 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____