2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# K80251

Entity Name: VENTURE ASSOCIATES INSURANCE CORPORATION

Current Principal Place of Business:

SIMMONS, HART AND SHEENE
OCALA, FL 34871 US

New Principal Place of Business:

Current Mailing Address:

5000 N US HWY 27
OCALA, FL 34482 US

New Mailing Address:

5970 N.W. 18TH PLACE
OCALA, FL 34482 US

FEI Number: 59-2942316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART & GRAY
125 NE 1ST AVE
STE 1
OCALA, FL 32670 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CDAS ( ) Delete
Name: PEARSALL, RICHARD L.,
Address: 5000 N US HWY 27
City-St-Zip: OCALA, FL 34482

Title: VPDS ( ) Delete
Name: ECKMAN, KENNETH A.,
Address: 5000 N US HWY 27
City-St-Zip: OCALA, FL 34482

Title: PDAS ( ) Delete
Name: TAIT, ARTHUR F., JR.,
Address: 5000 N US HWY 27
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete
Name: ECKMAN, PETER H
Address: 5000 N US HIGHWAY 27
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR F TAIT JR PDAS 03/27/2008

Electronic Signature of Signing Officer or Director Date