## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # L27915 VENTURA PROPERTIES, INC. Principal Place of Business Mailing Address 5946 CURRY FORD ROAD 200 SOUTH ORANGE AVENUE ORLANDO, FL 32822 US SUITE 2300 ORLANDO, FL -2801-3432 US 02262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2977232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent A.G.C. CO., DO NOT WRITE 200 SOUTH ORANGE AVENUE **SUITE 2300** IN THIS SPACE ORLANDO, FL 32801 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE TAYLOR, CHERYL MAME STREET ADDRESS 5946 CURRY FORD ROAD CITY-ST-7IP ORLANDO, FL 32822 TITLE NAME TAYLOR, ALAN 000000135073 04/2<u>8</u>/04-80044-018 150.00 STREET ADDRESS 5946 CURRY FORD ROAD CITY-ST-ZIP ORLANDO, FL 32822 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4/20/04 407-273-8770

**FILED**