

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000005813

1. Entity Name
VENTURE ONE INVESTMENTS, INC.



Principal Place of Business
1615 NW 1ST AVENUE
HOMESTEAD, FL 33034

Mailing Address
1615 NW 1ST AVENUE
HOMESTEAD, FL 33034



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1168533

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000299673
04/11/05-80119-004 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLAYTON, LOVEY
STREET ADDRESS 1615 NW 1ST AVE.
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE VD
NAME BRANCH, EVANS III
STREET ADDRESS 1615 NW 1ST AVE.
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE VD
NAME WALLACE, OTIS
STREET ADDRESS 1615 NW 1ST AVE.
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE SD
NAME WELSH, MICHAEL O
STREET ADDRESS 1615 NW 1ST AVE
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE TD
NAME CARPENTER, WILLIE L
STREET ADDRESS 1615 NW 1ST AVE.
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

James Clayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

305 248 2532

Daytime Phone #