## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP.

## Mar 21, 2005 8:00 am **Secretary of State DOCUMENT # P03000131468** 03-21-2005 90085 044 \*\*\*150 00 DAVID VENABLE INC. Principal Place of Business Mailing Address 1516 WISE AVE. 1516 WISE AVE. ORLANDO, FL 32806 ORLANDO, FL 32806 US No Chg-P 03092005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1479441 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VENABLE, PAUL DAVID DO NOT WRITE 1516 WISE AVE. ORLANDO FL., FL 32806 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. .. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE VENABLE PAUL, DAVID S/T NAME STREET ADDRESS 1516 WISE AVE. Refund of this fee The profit I haven't made any profit OR do I forsee any to be made in the futur. aren't non profits exempt from this fee? yes I'm exempt from this fee? yes I'm exempt when the construction business in the Construction business TEll Jeb I would Like a full ORLANDO, FL 32806 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filting 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 eath; 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. HATT

SGRATURE AND TYPED OF PRINTED NAME OF SIGNIN	DAVID VENuble	March 15,00	5 898-1400 Davtme Phone #
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