


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # P03700
 1. Entity Name
VENCO MANUFACTURING, INC.



Principal Place of Business Mailing Address
1354 WIGMORE ST **12110 BEST PLACE**
JACKSONVILLE, FL 32206 US **SHARONVILLE, OH 45241 US**



08062007 No Chg-P CR2E034 (11/05)

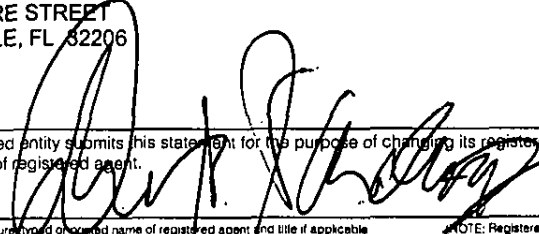
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4. FEI Number Applied For
31-0948295 Not Applicable

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

6. Name and Address of Current Registered Agent
SANDLIN, OMAR
1354 WIGMORE STREET
JACKSONVILLE, FL 32206

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:  DATE: **8/6/07**

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CO-P
NAME	COLLINS, LARRY R.
STREET ADDRESS	12110 BEST PLACE
CITY-ST-ZIP	SHARONVILLE, OH 45241
TITLE	T
NAME	STRITTHOLT, MICHAEL
STREET ADDRESS	12110 BEST PLACE
CITY-ST-ZIP	SHARONVILLE, OH 45241
TITLE	CO-P
NAME	COLLINS, RONALD
STREET ADDRESS	12110 BEST PLACE
CITY-ST-ZIP	SHARONVILLE, OH 45241
TITLE	VMFG
NAME	SANDLIN, OMAR
STREET ADDRESS	1354 WIGMORE ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 08/08/07-80003-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Date: **8/6/07** Daytime Phone #: **513-772-8449 EXT 105**

MICHAEL W. STRITTHOLT