

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000091915

Entity Name: FILLMAN VENTURES, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

225 OLD VILLAGE CENTER CIRCLE #4302  
ST. AUGUSTINE, FL 32084 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

225 OLD VILLAGE CENTER CIRCLE #4302  
ST. AUGUSTINE, FL 32084 US

## **New Mailing Address:**

FEI Number: 20-5192450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

FILLMAN, SUSAN E  
225 OLD VILLAGE CENTER CIRCLE #4302  
ST. AUGUSTINE, FL 32084 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

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: FILLMAN, BRENT R  
Address: 225 OLD VILLAGE CENTER CIRCLE #4302  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: S,T  
Name: FILLMAN, SUSAN E  
Address: 225 OLD VILLAGE CENTER CIRCLE #4302  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby 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 all other like empowered.

SIGNATURE: SUSAN ELAINE FILLMAN

SEC

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date