


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000002393</b>	
1. Entity Name <b>VENTURE ASSOCIATES GOLF CORPORATION</b>	

Principal Place of Business <b>5000 N US HWY 27 OCALA, FL 34482 US</b>	Mailing Address <b>5000 N US HWY 27 OCALA, FL 34482 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3223685</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>HART &amp; GRAY 125 N.E. FIRST AVE STE. 1 OCALA, FL 34471</b>	

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDAS PEARSALL, RICHARD L 5000 N US HWY 27 OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS ECKMAN, KENNETH A 5000 N US HWY 27 OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDAS TAIT, ARTHUR F JR 5000 N US HWY 27 OCALA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ECKMAN, PETER H 5000 N US HIGHWAY 27 OCALA, FL 34482</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000119945  
04/19/04-80118-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 207, 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-8-04</b>	Daytime Phone # <b>352-7325450</b>
--	--------------------	------------------------------------