

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000061570

1. Entity Name
VENTURA II, INC.



Principal Place of Business
4310 PABLO OAKS CT.
JACKSONVILLE, FL 32224 US

Mailing Address
P.O. BOX 19366
JACKSONVILLE, FL 32245-9366 US

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3261207

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCIS, HARRY D
4310 PABLO OAKS CT.
JACKSONVILLE, FL 32224

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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DCP
NAME STEPHENS, CHARLES P
STREET ADDRESS 1PASCHALL RD
CITY-ST-ZIP PEACHTREE CITY, GA 30269

TITLE VD
NAME STEPHENS, SANDRA D
STREET ADDRESS 1PASCHALL RD
CITY-ST-ZIP PEACHTREE CITY, GA 30269

TITLE VT
NAME SKELTON, H. J
STREET ADDRESS 4310 PABLO OAKS CT.
CITY-ST-ZIP JACKSONVILLE, FL 322249630

TITLE VAS
NAME FRANCIS, H. D
STREET ADDRESS 4310 PABLO OAKS CT.
CITY-ST-ZIP JACKSONVILLE, FL 322249631

TITLE V
NAME THORNE, SUSAN C.
STREET ADDRESS 4310 PABLO OAKS CT.
CITY-ST-ZIP JACKSONVILLE, FL 322249631

TITLE AS
NAME CLOWE, DAVID C
STREET ADDRESS 4310 PABLO OAKS CT.
CITY-ST-ZIP JACKSONVILLE, FL 322249631

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04/11/06-80040-009 150.00

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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: Susan C. Thorne

3/23/06

904/223-7480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #