2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000008984

1. Entity Name
VENTURE WEST, INC.

Principal Place of Business	Mailing Address
217 JOHN KNOX ROAD TALLAHASSEE, FL 32301	P O BOX 4288 TALLAHASSEE, FL 32315 US

01172006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3290353
☐ Applied For
☐ Not Applicable

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

6. Name and Address of *Current* Registered Agent

COOPER, CHARLES L JR.
3520 THOMASVILLE ROAD
SUITE 200
TALLAHASSEE, FL 32309

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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: Charles L Cooper JR 3-24-06
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	D
NAME	BUFORD, A L JR.
STREET ADDRESS	217 JOHN KNOX ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	BUFORD, A L III
STREET ADDRESS	217 JOHN KNOX ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	COOPER, CHARLES L JR.
STREET ADDRESS	2414 EAST PLAZA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	D
NAME	MAYFIELD, EMORY L
STREET ADDRESS	4223 CAPITAL CIRCLE, N.W.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	WILLIAMS, KIM B
STREET ADDRESS	POST OFFICE BOX 2068 N/A
CITY-ST-ZIP	TALLAHASSEE, FL 32316
TITLE	D
NAME	LOVINGOOD, SANFORD
STREET ADDRESS	4117 ALPINE WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32303

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04/12/06-80054-019 150.00

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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.

850 385

SIGNATURE: A L Buford JR 3-24-06 6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #