

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008984

Entity Name: VENTURE WEST, INC.

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

217 JOHN KNOX ROAD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P O BOX 4288
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-3290353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: BUFORD, A L JR.
Address: 217 JOHN KNOX ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BUFORD, A L III
Address: 217 JOHN KNOX ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: COOPER, CHARLES L JR.
Address: 2414 EAST PLAZA DR.
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: MAYFIELD, EMORY L
Address: 4223 CAPITAL CIRCLE, N.W.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WILLIAMS, KIM B
Address: POST OFFICE BOX 2068 N/A
City-St-Zip: TALLAHASSEE, FL 32316

Title: D () Delete
Name: LOVINGOOD, SANFORD
Address: 4117 ALPINE WAY
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: A L BUFORD III

D

03/03/2009

Electronic Signature of Signing Officer or Director

Date