2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P95000023276 1. Entity Name 04-30-2004 90287 044 ***150.00 VEN RESTAURANT, INC. Principal Place of Business Mailing Address ONE NORTH TAMIAMI TRAIL 1681 US HWY 41 BY-PASS SARASOTA-FL 94296-VENICE FL 34293 2. Principal Place of Business 3. Mailing Address <u>3701 BEE RIDGE RD</u> Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0574133 SARASOTA Not Applicable Ζίο Country \$8.75 Additional 5. Certificate of Status Desired 34233 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUHLBACH, ARNOLD Street Address (P.O. Box Number is Not Acceptable) 1-NORTH TAMIAMI TRAIL SARASOTA FL-24236 3701 BEE RIDGE RD City SARASOTA Zip Code *3* **4 3**3.3 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. ARNOLD MUHLBACH (NOTE: Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME PARRY, LAURENCE H NAME 3701 BEE RIDGE RD 1 N-TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS SARASOTA FL-34236 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 TITLE ☐ Delete TITLE X Change ☐ Addition NAME PARRY, VALERIE NAME 3701 BEE RIDGE RD STREET ADDRESS 1-N-TAMIAMI-TRAIL STREET ADDRESS CITY-ST-ZIP SARASOTA FL-24236 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME -LEEREVELD, BART NAME- --STREET ADDRESS STREET ADDRESS 3701 BEE RIDGE RD ONE NORTH TAMIAMITRAIL CITY-ST-ZIP SARASOTA EL 24036 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered.