2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000093233

1. Entity Name
VENTURE REAL ESTATE INC.

Principal Place of Business	Mailing Address
12951 JULINGTON RIDGE DRIVE E. JACKSONVILLE, FL 32258-3412	12951 JULINGTON RIDGE DRIVE E. JACKSONVILLE, FL 32258-3412

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3349157	Not Applicable

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

6. Name and Address of Current Registered Agent

DUPREL, MICHAEL A SR.
12951 JULINGTON RIDGE DRIVE E.
JACKSONVILLE, FL 32258-3412

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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PVC
NAME	DUPREL, MICHAEL A SR.
STREET ADDRESS	12951 JULINGTON RIDGE DRIVE E.
CITY-ST-ZIP	JACKSONVILLE, FL 322583412

TITLE	TD
NAME	DUPREL, LINDA G
STREET ADDRESS	12951 JULINGTON RIDGE DR E
CITY-ST-ZIP	JACKSONVILLE, FL 322583412

TITLE	S
NAME	TENBROECK, KAREN E
STREET ADDRESS	12967 JULINGTON RIDGE DR. E
CITY-ST-ZIP	JACKSONVILLE, FL 32258

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: _____ MICHAEL A DUPREL SR P 01/06/2005 904-675-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #