

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000093233

1. Entity Name
VENTURE REAL ESTATE INC.



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

Mailing Address
12951 JULINGTON RIDGE DRIVE E.
JACKSONVILLE, FL 32258-3412



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3349157
Applied For
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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 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
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U00000535580
05/08/06-80058-021 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Linda G. Duprel* Linda G. Duprel 04/21/2006 904-693-80
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #