

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90062 042 ***150.00

DOCUMENT # P98000032515



1. Entity Name
VENTURE INTERNET INC.

Principal Place of Business
2749 S RIDGEWOOD AVE
2ND FLOOR
S DAYTONA, FL 32119 US

Mailing Address
2749 S RIDGEWOOD AVE
2ND FLOOR
S DAYTONA, FL 32119 US

2. Principal Place of Business
209 Dunlawton Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 214249
Suite, Apt. #, etc.

City & State
Port Orange, FL
Zip 32127 Country US

City & State
South Daytona, FL
Zip 32119 Country US

03182005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3505384
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEIGHTON, RUSSELL W
848 NAVAL ORANGE DRIVE
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

Name Stefaniak, Todd
Street Address (P.O. Box Number is Not Acceptable)
209 Dunlawton Avenue
City Port Orange FL Zip Code 32127

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	DPST	<input type="checkbox"/> Delete
NAME	STEFANIAK, TODD	
STREET ADDRESS	2749 S RIDGEWOOD AVE	
CITY-ST-ZIP	S DAYTONA, FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PYST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stefaniak, Todd	
STREET ADDRESS	P.O. BOX 214249	
CITY-ST-ZIP	S. Daytona, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

Daytime Phone #