

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000049783

1. Entity Name
VENCO ENTERPRISES, INC.



Principal Place of Business
**11805 SKYLAKE PLACE
TEMPLE TERR., FL 33617**

Mailing Address
**11805 SKYLAKE PLACE
TEMPLE TERR., FL 33617**



07192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3518080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VENEGAS, HECTOR M
11805 SKYLAKE PLACE
TEMPLE TERR., FL 33617**

**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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VENEGAS, HECTOR M
STREET ADDRESS	11805 SKYLAKE PLACE
CITY-ST-ZIP	TEMPLE TERR., FL 33617
TITLE	VD
NAME	VENEGAS, HANS V
STREET ADDRESS	11805 SKYLAKE PLACE
CITY-ST-ZIP	TEMPLE TERR., FL 33617
TITLE	VD
NAME	VENEGAS, HAROLD
STREET ADDRESS	11805 SKYLAKE PLACE
CITY-ST-ZIP	TEMPLE TERR., FL 33617
TITLE	TD
NAME	COLON, MARIA E
STREET ADDRESS	11805 SKYLAKE PLACE
CITY-ST-ZIP	TEMPLE TERR., FL 33617
TITLE	SD
NAME	VENEGAS, MARICELLA
STREET ADDRESS	11805 SKYLAKE PLACE
CITY-ST-ZIP	TEMPLE TERR., FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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07/22/05-80011-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #