

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


APPROPRIATE  
02-15-2006 90046 023 \*\*\*150.00  
FILED P98000089337

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P98000089337</b>					
1. Entity Name <b>VENTERS CONSTRUCTION, INC.</b>					
Principal Place of Business <b>835 SANDHURST CT TITUSVILLE FL 32780</b>			Mailing Address <b>835 SANDHURST CT TITUSVILLE FL 32780</b>		
2. Principal Place of Business <b>622 ARD Rd.</b>			3. Mailing Address <b>Same as principal</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Ray City, GA.</b>			City & State		
Zip <b>31645</b>		Country <b>Kanier</b>		4. FEI Number <b>59-3544625</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>VENTERS, JAMES H 835 SANDHURST CT TITUSVILLE FL 32780</b>			7. Name and Address of New Registered Agent Name <b>James H. Venters</b> Street Address (P.O. Box, etc.) <b>1215 PALMETTO ST</b> City <b>NEW SMYRNA BEACH</b> FL Zip Code <b>32168</b>		
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 <i>James H. Venters</i> <b>President</b> DATE <b>1-24-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VENTERS, JAMES H <del>835 SANDHURST CT</del> <b>622 Ard Rd.</b> <del>TITUSVILLE FL 32780</del> <b>Ray City, GA 31645</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>James H. Venters</i> <b>JAMES H VENTERS</b>			Date <b>1-24-06</b> Daytime Phone #		