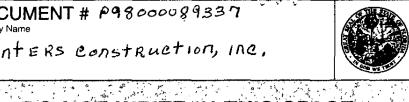
## FOR PROFIT CORPORATION. **ANNUAL REPORT (AR)**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000089337

1. Entity Name

VENTERS CONSTRUCTION, INC.



## FILED

09 MAR 27 AM 7:58

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E034B (8/05)
Sand, Apr. II, Std.	3		31 E2004D (0.00)
City & State	City & State		4. FEI Number Applied For
NEW SMYRNA Bech.		Ta	59-3544625 Not Applicabl
32168 VOLUSIA	Zip	Country	5. Certificate of Status Desired
DEN STEEL ASSESSED TO			7. Name and Address of Current Registered Agent
		Name JA N	125 HUENTERS
	HHE	Street Address	(P.O. Box Number is Not Acceptable)
IN THIS SP	ACE	602	ARD RO
			To Code
The second of the second of the second		City RAY &	City, Da. 31645 Zip Code
	the purpose of changing it	s registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.		^	
SIGNATURE LA MES TO	Venters	Pres,	2-15-09
Signature lyper or printed name of registered agent a January 1 - May 1. Fee is \$150.00	ind title if applicable INO	TE Registered Agent signature require	d when reinstating) DATE
After May 1, Fee is \$550.00	100		9. Election Campaign Financing \$5.00 May Be
Amended AR is \$61.25  Make Check Payable to Florida Department of	State		Trust Fund Contribution. L Added to Fees
10: OFFICERS AND			
TITLE BORIS,		TITLE	
NAME JAMES HUENTEN	ζ \$	NAME	
STREET ADDRESS 622 ARd Rd. CITY-ST-ZIP RAY C, ty, LG. 2	21/11	STREET ADDRESS CITY-ST-ZIP	200147724512 03/27/0901035009 **150.00
TITLE KAGETTG, AG. C	0/645	TITLE	03/21/03/01033-003 ***130,000
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12. Thereby 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 on an attachment with an address, with all other like empowered.

Daytime Phone #