2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # P99000097849 1. Entity Name VENTOURIS, INC.				Scerci	ary or St	ac	
1371 S. MIS	re of Business SOURI AVE. R, FL 33756	Mailing Address 1371 S. MISSOURI AVE. CLEARWATER, FL 33756					
C	OO NOT WRITE	01082004 No Chg-P CR2E034 (10/03) 4. FEI Number					
	6. Name and Address of Current R	egistered Agent		·			*
VENTOURIS, JAMES 1371 S. MISSOURI AVE. CLEARWATER, FL 33756				IN 7	NOT W THIS SP	ACE	
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 bits if applicable (NOTE. Registered Agent agreet required when remaining) OATE FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 02/16/04-80023-001 150.00							
	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.		ied to Fees	5571578 1 7	-00053-001	150.00
10. TITLE NAME STREET ADDRESS CYY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD VENTOURIS, JAMES 1371 S. MISSOURI AVE. CLEARWATER, FL 33756 VD VENTOURIS, THERESA 1371 S. MISSOURI AVE. CLEARWATER, FL 33756	IRECTORS					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF		

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:

NAME STREET ADDRESS CITY-ST-ZIP

ATUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-04

727-443-6392