

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # S46898

(0)

1. Corporation Name

VENTURA TRADING COMPANY, INC.

95 APR 10 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1751 MOUND ST SUITE 1C
BAYOU PROFESSIONAL CENTER
SARASOTA FL 34236

1751 MOUND ST SUITE 1C
SUITE 101
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/19/1991

3a. Date of Last Report

01/21/1994

4. FEI Number

65-0259053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **5211 Cape Leyte Dr.**

25

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27

City & State

23 **Sarasota FL**

28

Zip

24 **34242**

25

Country

26 **USA**

29

Zip

30

Country

31

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOFFSINGER, KAREN A.
1751 MOUND ST SUITE 1C
BAYOU PROFESSIONAL CENTER
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOFFSINGER, KAREN
STREET ADDRESS	1751 MOUND ST
CITY - ST - ZIP	SARASOTA FL
TITLE	DS
NAME	NOFFSINGER, ZACHARY N.
STREET ADDRESS	1751 MOUND ST
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	5211 Cape Leyte Dr
1.4 CITY - ST - ZIP	SARASOTA, FL 34242
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	5211 Cape Leyte Dr
2.4 CITY - ST - ZIP	SARASOTA, FL 34242
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Karen A. Noffsinger**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-95 (813) 349-8990
(Date) (Telephone Number)