

2004 FOR PROFIT CORPORATION *AMENDED ANNUAL REPORT

DOCUMENT # S91262 FILED 1. Entity Name VENCHEM, INC. 04 AUG -3 AM 8:55 SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 237 S TAMIAMI TR 237 S TAMIAMI TR VENICE, FL 34285 VENICE, FL 34285 US US 104 01017 029 50,00 2. Principal Place of Business . 237 So. TAMIAMI 3. Mailing Address 237 SO, TAMIAMI TR Suite, Apt. #, etc. Suite, Apt. #, etc. 07232004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For ENICE ENICE 59-3091616 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired SARASOTA SARASOTA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARAND Xddress (P.O. Box Number is Not Acceptable) MONTELLUNA NORTH ENICE 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 9. Election Campaign Financing **\$5.00** May Be Amended AR is \$61.25 Trust Eund Contribution. Added to Fees 4 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. DP **∴**Change Addition TITLE Delete TITLE FOHN L. GARAND SEYBERT, LYLE F NAME 109 MONTELLUNA DR STREET ADDRESS STREET ADDRESS 1834 IRONWOOD CT. NORTH VENICE, FL 342,75 VENICE, FL 34293 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE ELIZABETH A. GARAND SEYBERT, BEVERLY A NAME 109 MONTELLUNA DRIVE HORTH VENICE, FL 34275 1834 IRONWOOD CT. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 34293 Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 200040224462 08/17/04--01004--001 **11 STREET ADDRESS STREET ADDRESS **11.25 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

attn: Tyron Scatt

Attn. Tyron Scott Enclosed are 2 documents - a returne document en which Im deleting, for I'm directed that's not necessary if I'm Jeling document # 591262 (Amended) L'une paid a filing fee of \$50° when

I filed the first report (which I'm deleting)

I'm applying this 50° fee to the fee required

whith this report 6125. It leaves at Bal of 1125.

The 50° filing fee was paid by the

priginal owner pyle Deybert, ck# 4891 and

Quited 6/27/04. All documents reded are enclosed. you have any questions Call-Thank-you Enclosed: Check in Amb. of 11-25