

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000071522

**Entity Name:** VENTURE INSURANCE AGENCY INC

**Current Principal Place of Business:**

660 W OAKLAND PK BLVD  
WILTON MANORS, FL 33311

**Current Mailing Address:**

660 W OAKLAND PK BLVD  
WILTON MANORS, FL 33311 US

**FEI Number:** 46-0877114

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FRUCHTER, LEA S  
660 W OAKLAND PK BLVD  
WILTON MANORS, FL 33311 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FRUCHTER, LEA  
Address 660 W OAKLAND PK BLVD  
City-State-Zip: WILTON MANORS FL 33311

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEA FRUCHTER

**PRES**

**01/22/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date