

1.) CORPORATION NAME:

VENGRUFF WILLIAMS, INC.

DUE DATE: **5/1/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD GREENBERG
305 W CAMPBELL AVE
ROANOKE, VA**

SCC ID NO: **F1905225**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8440 NORTH TAMIAMI TRAIL

CITY/ST/ZIP: SARASOTA, FL 34243

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: HARVEY VENGRUFF TITLE: PRESIDENT ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LUKE JAEGER TITLE: TREASURER ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KRISTY L VENGRUFF CARINO TITLE: SECRETARY ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN ANTONUCCI TITLE: DIRECTOR ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAFAEL DEYNES TITLE: DIRECTOR ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ED JORDAN TITLE: DIRECTOR ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ROB SHERMAN TITLE: DIRECTOR ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOEL H VENGROFF TITLE: DIRECTOR ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRAVIS VENGROFF TITLE: DIRECTOR ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT WILLIAMS TITLE: DIRECTOR ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ HARVEY VENGROFF SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HARVEY VENGROFF, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/1/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		