

1.) CORPORATION NAME:

VENGROFF WILLIAMS, INC.

DUE DATE: **8/31/2014**

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
COMMON	200

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.

<p>NAME: HARVEY VENGROFF TITLE: PRESIDENT ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: LUKE JAEGER TITLE: TREASURER ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: KRISTY L VENGROFF CARINO TITLE: SECRETARY ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOHN ANTONUCCI TITLE: DIRECTOR ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RAFAEL DEYNES TITLE: DIRECTOR ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ED JORDAN TITLE: DIRECTOR ADDRESS: 8440 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34243</p>	<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/ ROBERT WILLIAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT WILLIAMS, DIRECTOR PRINTED NAME AND CORPORATE TITLE	6/27/2014 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.		