

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 841718

1. Entity Name
INVESTMENT CAPITAL CORPORATION



Principal Place of Business

**1299 N TAMiami TR
327
SARASOTA, FL 34236 US**

Mailing Address

**1299 N TAMiami TR
327
SARASOTA, FL 34236 US**

**FILED
Jul 10, 2008 08:00 AM
Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1027690

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVITT, ROBERT B
1299 N TAMiami TR
327
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVITT, ROBERT B
STREET ADDRESS 1201 SOUTHPORT DR
CITY-ST-ZIP SARASOTA, FL

TITLE DS
NAME LEVITT, FLORENCE C
STREET ADDRESS 1299 N TAMiami TR, # 327
CITY-ST-ZIP SARASOTA, FL 34236

TITLE AS
NAME EHRENPREIS, LINDA ANN
STREET ADDRESS 1 DARLINGTON COURT
CITY-ST-ZIP PITTSBURGH, PA

TITLE VT
NAME YATES, EDWARD
STREET ADDRESS 6812 FAIRVIEW TERRACE
CITY-ST-ZIP BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953895
07/10/08-80008-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08

Date

941-953-2440

Daytime Phone #