

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90018 035 ***150.00

DOCUMENT # P03000069905

1. Entity Name
VENTURE OUT FUN, INC.



Principal Place of Business
4731 VINCENNES BOULEVARD
CAPE CORAL, FL

Mailing Address
4731 VINCENNES BOULEVARD
CAPE CORAL, FL



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1597792

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TABOR, ELMER W
4731 VINCENNES BOULEVARD
CAPE CORAL, FL

**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]

Elmer W. Tabor, Pres.

1/10/08

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TABOR, ELMER W
STREET ADDRESS	4731 VINCENNES BOULEVARD
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	STD Remove
NAME	MOORE, ROBERT
STREET ADDRESS	12995 SOUTH CLEVELAND AVE. SUITE 285
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	STD #Add#
NAME	Gail Tabor
STREET ADDRESS	4731 Vincennes Blvd.
CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

1/10/08

Date

239.542.2194

Daytime Phone #