

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000098665

Entity Name
FINANCIAL VENTURES, INC.



Principal Place of Business

270 N.W. 3RD COURT
BOCA RATON, FL 33432

Mailing Address

120 ADELAIDE ST W.
SUITE #1214
TORONTO, ONTARIO, CA msh-111

DO NOT WRITE IN THIS SPACE

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01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0714837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEWEES, LEDYARD H
270 N.W. 3RD COURT
BOCA RATON, FL 33432

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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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

500031287465
2/28/04--01094--009 **150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEWEES, LEDYARD H
STREET ADDRESS	270 N.W. 3RD COURT
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #