## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 06, 2008 08:00 AN Secretary of State

ANNUAL REPORT				141ay 00, 2000 00.0			
DOCUI	MENT # P97000106				Secretary of Sta		
	ON VENTURE FUND, INC.			)			
Principal Place of Business		Mailing Address		7			
4747 SOUTHEAST 24TH STREET OCALA, FL 34471		4747 SOUTHEAST 24TH STREET OCALA, FL 34471		 		NA 1820 BENTA DILET BITAN 1810 BESTAL E 1881	
_	O NOT WOITE	CE	05032008	No Chg-P	CR2E034 (11/05)		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb		Applied For Not Applicable	
					of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent					
LINDSEY, VANESSA H 4747 SOUTHEAST 24TH STREET OCALA, FL 34471			,	DO	<b>NOT W</b>	RITE	
			IN THIS SPACE				
				1.4	11110 01	AGE	
	named entity submits this statement for	the purpose of changing its register	ed office or registe	ered agent, or bo		·	
SIGNATURE_					00000 06/03/08	0949527 3 <u>-80031-019 150.0</u> 0	
	Signature, typed or printed name of registered agent a	und tate of applicable. (NOTE: Registere	d Agent signsture requin	ad when reinstating)	1	DATE	
FILE NOWIII FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Finar Trust Fund Contribution				5.00 May Be ided to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
IILE	OFFICERS AND PSTD	DIRECTORS					
NAMÉ .	CHAMPION, CHARLES J JR						
STREET ADDRESS	10 PINE COURSE WAY						
CITY-ST-ZIP	OCALA, FL 34472 S	·	ł			•	
NAME	LINDSEY, VANESSA H						
STREET ADDRESS	4747 SE 24TH ST						
CITY-ST-ZIP	OCALA, FL 34471	<del></del>	ł				
TITLE NAME			Ĭ				
STREET ADDRESS				DΩ	NOT W	RITE	
CITY-ST-ZIP			-				
TITLE Name				IN	THIS SF	PACE	
STREET ADDRESS							
CHY-SI-ZIP			-				
TITLE NAME							
STREET ADDRESS							
C/TY-ST-ZIP	<u>'</u>		Į		•		
TITLE NAME			Í				
STREET ADDRESS			1				

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 of 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.

CICNATUDE.

CATY-ST-ZIP

SHOW WALLEY Vanessath, Lindse

108 352-624-1170