## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000055828

1. Entity Name

VENTURES IN CAPITAL, INC.



Principal Place of Business 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445 Mailing Address

3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445

## FILED Feb 28, 2008 8:00 am Secretary of State

02-28-2008 90016 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0935245

Applied For Not Applicable

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\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

FINE, ROBERT G 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plions of registered agent.	surpose of changing its re	egistered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE:	Registered Agent signatu	re required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		\$5.00 May Be	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINE, ROBERT G 3250 LAKEVIEW BLVD. DELRAY BEACH, FL 33445				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINE, MICHAEL W 2134 CLIFTON WAY AVON, OH 44011			÷	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERB, RONNI 932 SPRINGWATER STREET DANVILLE, CA 94506			<b>DO</b>	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 200		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		,			

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

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08

5614993370

Daytime Phone #