


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 379059**  
 1. Entity Name  
**ADVENTURER'S CLUB, INC.**



Principal Place of Business: **1100 8TH AVE.SOUTH  
 NAPLES, FL 34102**  
 Mailing Address: **800 SEAGATE DRIVE  
 SUITE 202  
 NAPLES, FL 34103 US**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



01102005 Chg-P CR2E034 (10/03)

4. FEI Number: **59-1444326** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **GOBY, SUE A  
 BUSINESS SOLUTIONS OF NAPLES, INC.  
 800 SEAGATE DR #202  
 NAPLES, FL 34103**  
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OPPENHEIM, AL			NAME			
STREET ADDRESS	1100 8TH AVE S, 229 K			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENCO, PAUL			NAME			
STREET ADDRESS	1100 8TH AVE S, 125 G			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HURLEY, GEORGE			NAME			
STREET ADDRESS	1100 8TH AVE S. #129K			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBIS, JOE			NAME			
STREET ADDRESS	1100 8TH AVE S			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGEN, JAMES			NAME			
STREET ADDRESS	1100 8TH AVE S #			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITRIN, MINKA			NAME			
STREET ADDRESS	1100 8TH AVE S #			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			

12. I hereby certify that the information provided 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 supplement 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 of the corporation and am 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: Paul V. Genco PAUL V. GENCO 434-2333  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #