

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35469

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: LOST REEF ADVENTURES, INC.

**Current Principal Place of Business:**

261 MARGARET ST.  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

261 MARGARET ST.  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 65-0072054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOLESSAR, NICK L  
261 MARGARET ST.  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KOLESSAR, ALICE  
Address: 2209 STAPLES AVE.  
City-St-Zip: KEY WEST, FL

Title: SD ( ) Delete  
Name: KOLESSAR, NICK,  
Address: 2209 STAPLES AVE.  
City-St-Zip: KEY WEST, FL

Title: TD ( ) Delete  
Name: DYE, MIMI,  
Address: 5031 5 AVE  
City-St-Zip: KEY WEST, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS J KOLESSAR

SECR

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date