## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000716

Entity Name: ADVENTURES IN SAILING, INC.

FILED Jan 21, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|                                      |                                  |

6300 CLARK STREET HUDSON, FL 34667

Current Mailing Address: New Mailing Address:

6300 CLARK STREET HUDSON, FL 34667

FEI Number: 59-3625398 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MORSE, ROBERT S MORSE, ROBERT S P 12509 STAGECOACH LN. 12509 STAGECOACH LN. HUDSON, FL 34667 US HUDSON, FL 34667 US

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: ROBERT S. MORSE 01/21/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MORSE, ROBERT S D
 Name:

 Address:
 12509 STAGECOACH LN.
 Address:

 City-St-Zip:
 HUDSON, FL 34667 US
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 MORSE, JOSEPHINE R D
 Name:

 Address:
 12509 STAGECOACH LN.
 Address:

 City-St-Zip:
 HUDSON, FL 34667 US
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MORSE, JOHN H D
 Name:

 Address:
 225 ARLINGTON AVE.
 Address:

 City-St-Zip:
 SPRINGFIELD, OH 45505 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. MORSE P 01/21/2006