

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000070285

1. Entity Name
AIRBOAT ADVENTURES OF WEST BAY, INC.



Principal Place of Business
144 SANDOLLAR DRIVE
PANAMA CITY BEACH, FL 32408

Mailing Address
144 SANDOLLAR DRIVE
PANAMA CITY BEACH, FL 32408



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2370079

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACKERMAN, RICHARD K
144 SANDOLLAR DRIVE
PANAMA CITY BEACH, FL 32408

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ACKERMAN, RICHARD K
STREET ADDRESS	144 SANDOLLAR DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	D
NAME	ACKERMAN, NANCY L
STREET ADDRESS	144 SANDOLLAR DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000766277
06/14/07-80001-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 or supplemental report is true and accurate. 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.17.07 850.233.7487
Date Daytime Phone #