

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003314

**Entity Name:** TSR ADVENTURES, INC.

**Current Principal Place of Business:**

4708 MONROE STREET  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4708 MONROE STREET  
HOLLYWOOD, FL 33021

**FEI Number:** 45-1442103

**Certificate of Status Desired:** No

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

ADVANCED TAX SOLUTIONS, LLC  
110 E. BROWARD BLVD  
#1700  
FORT LAUDERDALE, FL 33301 US

**FILED**  
**Jan 24, 2019**  
**Secretary of State**  
**9528624911CC**

*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:** DOREEN SCHMID

01/24/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ROGATZKI, JOHN  
Address 4708 MONROE STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title SD  
Name BYRD, WILLIS M  
Address 4708 MONROE STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title TD  
Name WEINZIMER, GLEN  
Address 4708 MONROE STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name WILLIAM, GREEN  
Address 4708 MONROE STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name PAUL, BUTLER  
Address 4708 MONROE STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name CHRISTY, FRITCH  
Address 4708 MONROE STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name MICHAEL, BARRON  
Address 4708 MONROE STREET  
City-State-Zip: HOLLYWOOD FL 33021

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN ROGATZKI

1/24/2019

01/24/2019

Electronic Signature of Signing Officer/Director Detail

Date