

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000072864

**Entity Name:** VR ADVENTURE ZONE INC

**Current Principal Place of Business:**

914 RIDGEWOOD COVE N  
NICEVILLE, FL 32578

**Current Mailing Address:**

914 RIDGEWOOD COVE N  
NICEVILLE, FL 32578 US

**FEI Number:** 84-3049733

**Certificate of Status Desired:** No

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

DOMINIQUE, LYNN  
914 RIDGEWOOD COVE N  
NICEVILLE, FL 32578 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | P                  | Title           | VP                 |
| Name            | DOMINIQUE, LYNN    | Name            | KAISER, SHELLEY    |
| Address         | 5 CALHOUN AVE. 502 | Address         | 5 CALHOUN AVE. 502 |
| City-State-Zip: | DESTIN FL 32541    | City-State-Zip: | DESTIN FL 32541    |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LYNN DOMINIQUE

**PRES**

**04/24/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date