

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000087878

**Entity Name:** ALL ABOUT ADVENTURE TRAVEL, INC.

**Current Principal Place of Business:**

309 KINGSLEY LAKE DRIVE  
SUITE 903  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

309 KINGSLEY LAKE DRIVE  
SUITE 903  
SAINT AUGUSTINE, FL 32092

**FEI Number: 85-3712473**

**Certificate of Status Desired: No**

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

GENNUSA LINDSEY, ANNE MARIE  
309 KINGSLEY LAKE DRIVE  
SUITE 903  
SAINT AUGUSTINE, FL 32092 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  
Name GENNUSA LINDSEY, ANNE MARIE  
Address 309 KINGSLEY LAKE DRIVE, SUITE 903  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title VP  
Name GENNUSA LINDSEY, ANNE MARIE  
Address 309 KINGSLEY LAKE DRIVE, SUITE 903  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title SEC  
Name GENNUSA LINDSEY, ANNE MARIE  
Address 309 KINGSLEY LAKE DRIVE, SUITE 903  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title TR  
Name GENNUSA LINDSEY, ANNE MARIE  
Address 309 KINGSLEY LAKE DRIVE, SUITE 903  
City-State-Zip: SAINT AUGUSTINE FL 32092

*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: ANNE MARIE GENNUSA LINDSEY**

**MGR**

**01/13/2023**

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

\_\_\_\_\_  
Date