

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90041 001 ***150.00

DOCUMENT # 364947

1. Entity Name
ADVENTURE TRAVELS OF POMPANO BEACH, INC.



Principal Place of Business
**2451 EAST ATLANTIC BOULEVARD
POMPANO BEACH, FL 33062**

Mailing Address
**2451 EAST ATLANTIC BOULEVARD
POMPANO BEACH, FL 33062**

40004900



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1301511

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, WILLIAM F.
2451 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	SVP
NAME	COOPER, KATHRYN ANNE
STREET ADDRESS	3920 N.E. 27 AVENUE
CITY-ST-ZIP	LIGHTHOUSE PT, FL
TITLE	PT
NAME	COOPER, WILLIAM F
STREET ADDRESS	3920 N.E. 27 AVENUE
CITY-ST-ZIP	LIGHTHOUSE PT, FL
TITLE	VP
NAME	COOPER, MARK S.
STREET ADDRESS	3920 N.E. 27 AVENUE
CITY-ST-ZIP	LIGHTHOUSE PT, FL
TITLE	VP
NAME	CLARK, GLENDA
STREET ADDRESS	2451 E ATLANTIC BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	EVPS
NAME	BALDWIN , KERI MCGINNIS, KENI
STREET ADDRESS	2451 E ATLANTIC BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	VPO
NAME	FREELS, LINDA C
STREET ADDRESS	2451 E ATLANTIC BLVD
CITY-ST-ZIP	POMPANO BCH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that 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: William F Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13 2005
Date
Daytime Phone **954 942 2300**