


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 379059
 1. Entity Name
ADVENTURER'S CLUB, INC.



Principal Place of Business: **1100 8TH AVE.SOUTH
 NAPLES, FL 34102**
 Mailing Address: **800 SEAGATE DRIVE
 SUITE 202
 NAPLES, FL 34103 US**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



01102005 Chg-P CR2E034 (10/03)
 4. FEI Number: **59-1444326** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GOBY, SUE A
 BUSINESS SOLUTIONS OF NAPLES, INC.
 800 SEAGATE DR #202
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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	VPD	<input type="checkbox"/> Delete
NAME	OPPENHEIM, AL	
STREET ADDRESS	1100 8TH AVE S, 229 K	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	P	<input type="checkbox"/> Delete
NAME	GENCO, PAUL	
STREET ADDRESS	1100 8TH AVE S, 125 G	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURLEY, GEORGE	
STREET ADDRESS	1100 8TH AVE S. #129K	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBIS, JOE	
STREET ADDRESS	1100 8TH AVE S	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGEN, JAMES	
STREET ADDRESS	1100 8TH AVE S #	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	WITRIN, MINKA	
STREET ADDRESS	1100 8TH AVE S #	
CITY-ST-ZIP	NAPLES, FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	110000184393	
CITY-ST-ZIP	01/20/05-80029-013 150.00	

12. I hereby certify that the information provided 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 supplement 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 of the corporation and am 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: Paul V. Genco **PAUL V. GENCO** 434-2333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #