

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 379059

FILED
Feb 25, 2009
Secretary of State

Entity Name: ADVENTURER'S CLUB, INC.

Current Principal Place of Business:

1100 8TH AVE.SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

800 SEAGATE DRIVE
SUITE 202
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1444326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBY, SUE A
BUSINESS SOLUTIONS OF NAPLES, INC.
800 SEAGATE DR #202
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SPIRES & ASSOCIATES, INC.
800 SEAGATE DRIVE
SUITE 202
NAPLES, FL 34103 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: SUSAN M. LONGSTRETH 02/25/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: OPPENHEIM, AL
Address: 1100 8TH AVE S, 229 K
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: GENCO, PAUL
Address: 1100 8TH AVE S, 125 G
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: CORDEAN, BOB
Address: 1100 8TH AVE S. #129K
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: DUBIS, JOE
Address: 1100 8TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: HURLEY, STEVE
Address: 1100 8TH AVE S #228H
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete
Name: SPENCE, MIKE
Address: 1100 8TH AVE S #19M I
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CORDEAU, BOB
Address: 1100 8TH AVE S. #129K
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL GENCO P 02/25/2009

Electronic Signature of Signing Officer or Director Date