

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467530

FILED
Jan 26, 2011
Secretary of State

Entity Name: ADVENTURE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

2451 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

2451 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-1569042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: COOPER, WILLIAM F.
Address: 3920 NE 27 AVE.
City-St-Zip: LIGHTHOUSE POINT, FL

Title: SVD
Name: COOPER, KATHRYN ANNE
Address: 3920 NE 27 AVE.
City-St-Zip: LIGHTHOUSE POINT, FL

Title: TD
Name: COOPER, WILLIAM F.
Address: 3920 NE 27 AVE.
City-St-Zip: LIGHTHOUSE POINT, FL

Title: VP
Name: COOPER, MARK S.
Address: 3920 NE 27 AVE.
City-St-Zip: LIGHTHOUSE POINT, FL

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: WILLIAM F. COOPER

PRES

01/26/2011

Electronic Signature of Signing Officer or Director

Date