

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 574632

1. Entity Name
ADVENTURES UNLIMITED, INC.



Principal Place of Business
8974 TOMAHAWK LANDING RD
MILTON, FL 32570 US

Mailing Address
8974 TOMAHAWK LANDING RD
MILTON, FL 32570 US



04232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1857900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANBORN JR. JOHN H.
8974 TOMAHAWK
MILTON, FL 32570

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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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANBORN JR. JOHN H. 6484 OLD BAGDAD HWY MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANBORN, ESTHER R. 6484 OLD BAGDAD HWY MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANBORN, MICHAEL W. 5687 HAMILTON BRIDGE RD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANBORN, LINDA K. 5687 HAMILTON BRIDGE RD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000544783
05/11/06-80049-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06⁽⁸⁵⁰⁾ 450-1008