

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90286 001 ***150.00

DOCUMENT # 854222

1. Entity Name

ADVENTURE FLIGHTS, LTD., INC.



Principal Place of Business

1515 PERIMETER ROAD
PALM BEACH INTERNATIONAL AIRPORT
WEST PALM BEACH 33406

Mailing Address

E.M. BUD MOLT ADVENTURE FLIGHTS
P.O. BOX 17560 3200 SUMMIT BLVD.
WEST PALM BEACH FL 33416
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

51-0213370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLT, E.M. BUD
ADVENTURE FLIGHTS P.O. BIX 17560
3200 SUMMIT BLVD.
WEST PALM BEACH FL 33416

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MOLT, EMERSON M
STREET ADDRESS 3200 SUMMIT BLVD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE STD ☐ Delete
NAME BEATIE, BRUCE
STREET ADDRESS 3200 SUMMIT BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE VD ☒ Delete
NAME STEVENS, EDWARD
STREET ADDRESS 3200 SUMMIT BLVD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD ☐ Delete
NAME BEATTIE, SUSAN
STREET ADDRESS 3200 SUMMIT BLVD
CITY-ST-ZIP W PALM BEACH
FL 33416

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMERSON MOLT

Date

Daytime Phone #

31 JAN 04 5616970085