

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**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**



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0213370</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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**

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**29 JAN 08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000809007  
02/08/08-80005-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOLT, EMERSON M 3200 SUMMIT BLVD. WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DELANY, PATRICIA 2200 SUMMIT BLVD WEST PALM BEACH, FL 33416
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

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 #

**5 JAN 08 5617045330**