

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90104 031 \*\*\*150.00

DOCUMENT # 027165

1. Entity Name

All Florida Adventure Tours, Inc.



DEPARTMENT OF  
FOR DEPT  
**DO NOT WRITE IN THIS SPACE**

20032956

CR2E034B (8/05)

2. Principal Place of Business

4402 Hidden Hilltop Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 775

Suite, Apt. #, etc.

City & State

DOVER - Florida

City & State

DOVER - Florida

4. FEI Number

ST11603

Applied For

Not Applicable

Zip

33527

Country

U.S.A.

Zip

33527

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Bernice Bloom

Street Address (P.O. Box Number is Not Acceptable)

4402 Hidden Hilltop Drive

City

Dover

FL

Zip Code

33527

**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

Bernice Bloom

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

(NOTE: Registered Agent signature required when reinstating)

April 11, 2006

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

DIRECTOR  
Bernice Bloom (Bunnie)  
4402 Hidden Hilltop Drive  
Dover, FL 33527

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernice Bloom - Bernice Bloom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-813-719-7446