

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90088 013 \*\*\*158.75

**DOCUMENT # H65602**

1. Entity Name

**ADVENTURE SAILING CHARTERS, INC.**



Principal Place of Business

**4905 34TH STREET  
SUITE 4500  
ST. PETERSBURG FL 33715  
US**

Mailing Address

**PO BOX 6662  
BIG BEAR LAKE CA 92315  
US**

2. Principal Place of Business

**852 THIRD AVE. S.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TIERRA VERDE, FL**

City & State

Zip

**33715**

Country

**USA**

Zip

Country

4. FEI Number

**65-0189162**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TATICH PHILIP  
601 S. LAKE DESTINY RD.  
SUITE 200  
MAITLAND FL 32751**

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, 2005 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 **PT** ☐ Delete  
NAME **ALLEN, GLENN T.**  
STREET ADDRESS **650 RIVERSIDE AVE.**  
CITY-ST-ZIP **SUGARLOAF CA 92386**

TITLE **V** ☐ Delete  
NAME **SPICKARD, BRIAN**  
STREET ADDRESS **6130 STONEY HILL ROAD**  
CITY-ST-ZIP **NEW HOPE PA 18938**

TITLE **S** ☒ Delete  
NAME **MORRIS, TOM**  
STREET ADDRESS **360 PINELLAS BAYWAY APT D**  
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **V** ☐ Delete  
NAME **KLINE, ROBERT**  
STREET ADDRESS **4905 34TH ST SUITE #4500**  
CITY-ST-ZIP **ST PETERSBURG FL**

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 **SECRETARY**  
**WILLIAM SHEETS**  
STREET ADDRESS **1 SATRO PLACE**  
CITY-ST-ZIP **GREENWICH, CT. 06831**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **852 THIRD AVE. S.**  
CITY-ST-ZIP **TIERRA VERDE, FL 33715**

TITLE ☐ Change ☐ Addition  
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

**GLENN T. ALLEN, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/25/05 909-565-4452**

Daytime Phone #