


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90062 040 ***150.00

DOCUMENT # H97434 1. Entity Name CANOE ADVENTURES, INC.					
Principal Place of Business C/O MARK A. WESTALL 1865 ARDSLEY WAY SANIBEL, FL 33957 US			Mailing Address C/O MARK A. WESTALL 1865 ARDSLEY WAY SANIBEL, FL 33957 US		
2. Principal Place of Business P.O. Box 662 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 662 Suite, Apt. #, etc.			
City & State SANIBEL, FL Zip - 33957 Country - USA		City & State SANIBEL, FL Zip - 33957 Country - USA		4. FEI Number 59-2627615	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WESTALL, MARK A. 1865 ARDSLEY WAY SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name WESTALL MARK A Street Address (P.O. Box Number is Not Acceptable) 1818 HILL AVE City FT. MYERS FL Zip Code 33901		
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 <u><i>Mark A. Westall</i></u> DATE <u>4-20-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WESTALL, MARK A. 1865 ARDSLEY WAY SANIBEL, FL 33957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WESTALL, MARK A 1818 HILL AVE FT. MYERS, FL 33901	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Mark A. Westall</i></u> MARK A. WESTALL DATE <u>4-20-04</u> DAYTIME PHONE # <u>239 472-5218</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					