

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 8:00 am
Secretary of State

04-21-2004 90016 007 ***150.00

DOCUMENT # K92834

1. Entity Name
ADVENTURE CATAMARAN TOURS, INC.



Principal Place of Business

**200 MARGARET ST
KEY WEST, FL 33040 US**

Mailing Address

**PO BOX 6126
KEY WEST, FL 33041-6126 US**

66120073



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-0324251

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, THOMAS A
620 ASHE ST
KEY WEST, FL 33040**

**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 *Thomas A. Jackson*

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

(NOTE: Registered Agent signature required when reinstating)

4-14-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	JACKSON, DENISE
STREET ADDRESS	PO BOX 6126 N/A
CITY- ST- ZIP	KEY WEST, FL
TITLE	DVP
NAME	KINCAID, LARRY D
STREET ADDRESS	P.O. BOX 6126
CITY- ST- ZIP	KEY WEST, FL
TITLE	PD
NAME	JACKSON, TOM
STREET ADDRESS	PO BOX 6126 N/A
CITY- ST- ZIP	KEY WEST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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 Block 11 if changed, or in an attachment with an address, with all other like empowered.

Thomas A. Jackson

Tom Jackson, President