


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K92834**


1. Entity Name  
**ADVENTURE CATAMARAN TOURS, INC.**



Principal Place of Business      Mailing Address

**200 MARGARET ST**      **PO BOX 6126**  
**KEY WEST, FL 33040 US**      **KEY WEST, FL 33041-6126 US**

**DO NOT WRITE IN THIS SPACE**



07042006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>54-0324251</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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*      DATE: 7-4-06

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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	STD JACKSON, DENISE PO BOX 6126 N/A KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP KINCAID, LARRY D P.O. BOX 6126 KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACKSON, TOM PO BOX 6126 N/A KEY WEST, FL
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 07/07/06-80017-018 550.00

**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: *Thomas A. Jackson*    Thomas A. Jackson    7-4-06    305-294-7877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #