

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

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



07042006 No Chg-P CR2E034 (11/05)

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)

7-4-06
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**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000568617
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 #