

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000045062

1. Entity Name
BIG RIVER ADVENTURES, INC.



Principal Place of Business: 1440 C.R. 13 SOUTH
ST. AUGUSTINE, FL 32092

Mailing Address: 1440 C.R. 13 SOUTH
ST. AUGUSTINE, FL 32092



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3641468

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, DANIEL B
1440 C.R. 13 SOUTH
ST. AUGUSTINE, FL 32092

**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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME WILSON, DANIEL B
STREET ADDRESS 1440 C.R. 13 SOUTH
CITY-ST-ZIP ST. AUGUSTINE, FL 32092

TITLE D
NAME GARRETT, KARL F
STREET ADDRESS 127 COMMERCIAL AVE
CITY-ST-ZIP EAST PALATKA, FL 32131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/09/08-80016-016 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL B. Wilson 1-4-08 9048261705

Date

Daytime Phone #