

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-29-2005 90004 001 ***150.00

P00000103925

FILED

2005 JUL 18 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50054133

DOCUMENT # P00000103925

1. Entity Name
EXECUTIVE ADVENTURES, INC.



Principal Place of Business
400 CLEVELAND STREET, 7TH FLOOR
CLEARWATER, FL 33755

Mailing Address
400 CLEVELAND STREET, 7TH FLOOR
CLEARWATER, FL 33755

2. Principal Place of Business
2120 Range Road

3. Mailing Address
2120 Range Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06152005

Chg-P

CR2E034 (10/03)

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
59-3677165

Applied For
Not Applicable

Zip
33765

Country

Zip
33765

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, CHRISTOPHER
400 CLEVELAND STREET, 7TH FLOOR
CLEARWATER, FL 33755

Name
King, Christopher C.

Street Address (P.O. Box Number is Not Acceptable)
2120 Range Road

City
Clearwater

FL

Zip Code
33765

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]

(NOTE: Registered Agent signature required when re-registering)

6/22/05

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
KING, CHRISTOPHER
136 DEVON DRIVE
CLEARWATER, FL 33767 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KING, HOLLY
136 DEVON DRIVE
CLEARWATER, FL 33767 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MARTINS, DWAYNE
5127 104TH STREET NORTH
SAINT PETERSBURG, FL 33708 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/05 727-669-6972
Date Daytime Phone

7/18/05