

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90002 004 ***558.75

DOCUMENT # P01000057931

1. Entity Name

ADVENTURE PROPERTIES, INC.



Principal Place of Business

12945 SEMINOLE BLVD.
SUITE 2-1
LARGO FL 33778

Mailing Address

PO BOX 8275
SEMINOLE FL 33775



2. Principal Place of Business

15500 Lightwave Drive
Suite, Apt. #, etc.
203

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Clearwater FL

City & State

4. FEI Number

75-3004074

Applied For

Not Applicable

Zip

33760

Country

USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRINGTON, ANDREW J
10530 119TH ST.
LARGO FL 33778

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

6/1/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HARRINGTON, ANDREW J
STREET ADDRESS PO BOX 8275
CITY-ST-ZIP SEMINOLE FL 33775

TITLE V ☐ Delete
NAME HARRINGTON, ROBIN L
STREET ADDRESS PO BOX 8275
CITY-ST-ZIP SEMINOLE FL 33775

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

Andrew J. Harrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05

Date

(727) 538-9050

Daytime Phone #