

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90020 023 \*\*\*150.00

DOCUMENT # P01000111635

1. Entity Name  
OPEN AIR ADVENTURES, INC.



Principal Place of Business

6869 BAY ST.  
ST. PETE BEACH, FL 33706

Mailing Address

6869 BAY ST.  
ST. PETE BEACH, FL 33706

34063915



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3757040

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HASTINGS, DAVID C  
2207 54TH ST. S  
GULFPORT, FL 33707

**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

7/13/04

**FILE NOW!!! FEE IS \$550.00**  
Due by September 8, 2004

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  
DPST  
YEAGER, ANDREA J  
6869 BAY ST.  
ST. PETE BEACH, FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Never Received  
Annual Report  
Notice  
Please Waive Fee  
Thank you

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-647-3558