2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000041008

1. Entity Name
WILD FLORIDA EXPEDITIONS, INC.

Principal Place of Business	Mailing Address
8230 WOODSMUIR DR W PALM BEACH, FL 33412	8230 WOODSMUIR DR W PALM BEACH, FL 33412

DO NOT WRITE IN THIS SPACE

FILED
04 JAN 23 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01192004   No Chg-P   CR2E034 (10/03)

4. FEI Number 01-0744757	Applied For
	Not Applicable

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

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6. Name and Address of Current Registered Agent

MILLSTEIN, KAREN L
8230 WOODSMUIR DR
W PALM BEACH, FL 33412

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 _KAREN L. MILSTEIN_   1-20-04

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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILSTEIN, KAREN L
STREET ADDRESS	8230 WOODSMUUIR DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412

TITLE	VP
NAME	MILSTEIN, DONALD
STREET ADDRESS	8230 WOODSMUUIR DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412

300027525063
01/23/04--01061--010 **150.00

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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: _Karen L. Milstein_   1-20-04   561-776-9483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #