

DOCUMENT # P02000123469

1. Entity Name

ADVENTURE KAYAK OF COCOA BEACH, INC.



FILED
Jan 24, 2007 08:00 AM
Secretary of State



Principal Place of Business
 745 ORCHID LANE
 MERRITT ISLAND FL 32952

Mailing Address
 745 ORCHID LANE
 MERRITT ISLAND FL 32952

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 14-1858844

Applied For

Not Applicable

Zip

Country

Zip

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

KOWALIK, WILLIAM J
 745 ORCHARD LANE
 MERRITT ISLAND FL 32952

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
 NAME KOWALIK, WILLIAM J
 STREET ADDRESS 745 ORCHARD LANE
 CITY ST ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete
 NAME
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 CITY ST ZIP

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 STREET ADDRESS
 CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME U000000600449
 STREET ADDRESS 01/26/07-80010-005 150.00
 CITY ST ZIP

TITLE ☐ Change ☐ Addition
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 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 exemptions contained in Section 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

Date

Daytime Phone #