2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State
04-23-2004 90233 037 ***150.00

DOCUMENT # P03000044345

1. Entity Name
GLOBAL NETWORK ADVENTURES, INC.

Principal Place of Business	Mailing Address
1605 MAIN ST STE 1001 SARASOTA, FL 34236	1605 MAIN ST STE 1001 SARASOTA, FL 34236

66422008

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
83-0355859
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A
1605 MAIN ST STE 1001
SARASOTA, FL 34236

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRATCHER, JOEY T 4623 CHARING CROSS RD SARASOTA, FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAST BRATCHER, JOEY T. 4623 CHARING CROSS ROAD SARASOTA, FLORIDA 34241	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRATCHER, STACIE T 4623 CHARING CROSS RD SARASOTA, FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPSAT BRATCHER STACIE T. 4623 CHARING CROSS ROAD SARASOTA, FLORIDA 34241	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: JOEY T. BRATCHER 4/21/04 9416859777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #