

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000070285**

1. Entity Name  
**AIRBOAT ADVENTURES OF WEST BAY, INC.**



Principal Place of Business  
**144 SANDOLLAR DRIVE  
PANAMA CITY BEACH, FL 32408**

Mailing Address  
**144 SANDOLLAR DRIVE  
PANAMA CITY BEACH, FL 32408**



02082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2370079**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ACKERMAN, RICHARD K  
144 SANDOLLAR DRIVE  
PANAMA CITY BEACH, FL 32408**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000829548  
02/26/08-80045-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
ACKERMAN, RICHARD K  
144 SANDOLLAR DRIVE  
PANAMA CITY BEACH, FL 32408**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
ACKERMAN, NANCY L  
144 SANDOLLAR DRIVE  
PANAMA CITY BEACH, FL 32408**

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

**DO NOT WRITE  
IN THIS SPACE**

**SIGN  
HERE**

12. I hereby certify that the information supplied with this filing is true and correct for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct, 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 information as required.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard Ackerman*

Date

Daytime Phone #