


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90031 043 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P03000074985 | |  |
| 1. Entity Name THE ADVENTEROUS GROUP INC | | |

| | |
|---|---|
| Principal Place of Business 11509 PANAMA CITY BEACH PKWY PANAMA CITY BEACH FL 32407 | Mailing Address PO BOX 18902 PANAMA CITY BEACH FL 32417 |
|---|---|

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



MOORE CR2E034 (11/03)

| | | | |
|---|--|---|--|
| 4. FEI Number 56-2375151 | | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent KILGORE, JAMES W 11509 PANAMA CITY BEACH PKWY PANAMA CITY BEACH FL 32407 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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
Make Check Payable to Florida Department of State

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 | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KILGORE, JAMES W | | | NAME | | | |
| STREET ADDRESS | 11509 PANAMA CITY BEACH PKWY | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 32407 | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BROWN, DONALD A | | | NAME | | | |
| STREET ADDRESS | 9708 CREEK STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | YOUNGSTOWN FL 32466 | | | CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BLACKMUR, JACK T | | | NAME | | | |
| STREET ADDRESS | 1905 MOATES AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PANAMA CITY FL 32405 | | | CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BLACKMUR, JACK T | | | NAME | | | |
| STREET ADDRESS | 1905 MOATES AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PANAMA CITY FL 32405 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: Jack T. Blackmur **JACK T. BLACKMUR** 3/4/04 850-785-0937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #