

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

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



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2375151

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KILGORE, JAMES W
11509 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH, FL 32407

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BROWN, DONALD A
9708 CREEK STREET
YOUNGSTOWN, FL 32466

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
BLACKMUR, JACK T
1905 MOATES AVE
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BLACKMUR, JACK T
1905 MOATES AVE
PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000260123
03/12/05-80012-007 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3-10-05
Date

234-1414
Daytime Phone #