

2005 FOR PROFIT CORPORATION ANNUAL REPORT

2/7/2005-90081-032-\$150.00-\$150.00

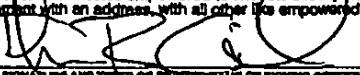
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182005 Chg-P CR2E034 (10/03) MRS

DOCUMENT # P03000088322			
1. Entity Name ULTIMATE OUTDOOR ADVENTURES, INC.			
Principal Place of Business 205 SILVER SANDS LANE LANTANA, FL 33462		Mailing Address 205 SILVER SANDS LANE LANTANA, FL 33462	
2. Principal Place of Business c/o ASSET SPECIALISTS, INC. Suite, Apt. #, etc. 2442 METROCENTRE BLVD. City & State WEST PALM BEACH, FL Zip 33407 Country USA		3. Mailing Address c/o ASSET SPECIALISTS, INC. Suite, Apt. #, etc. 2442 METROCENTRE BLVD. City & State WEST PALM BEACH, FL Zip 33407 Country USA	
4. FEI Number 90-0120506		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBSON, THOMAS R 205 SILVER SANDS LANE LANTANA, FL 33462		7. Name and Address of New Registered Agent Name GIBSON, THOMAS R. Street Address (P.O. Box Number is Not Acceptable) c/o ASSET SPECIALISTS, INC. 2442 METROCENTRE BLVD. City WEST PALM BEACH FL Zip Code 33407	
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 \$350.00		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	PVST GIBSON, THOMAS R 205 SILVER SANDS LANE LANTANA, FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST GIBSON, THOMAS R. c/o ASSET SPECIALISTS, INC. 2442 METROCENTRE BOULEVARD WEST PALM BEACH, FL 33407 ☒ Change ☐ Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 807, 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: 		Thomas R. Gibson, PVST 2/2/05 561-689-0220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	