

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90109 043 ***150.00

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1. Entity Name
PSK ADVENTURES, INC.



Principal Place of Business
72 SE 6TH AVE
#301
DELRAY BEACH, FL 33483

Mailing Address
72 SE 6TH AVE
#301
DELRAY BEACH, FL 33483



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1719104

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLEY, JANE M
~~72 SE 6TH AVE~~
~~#301~~
DELRAY BEACH, FL 33483
*2420 Tusculum way
Boynton Beach FL
33435*

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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	V
NAME	KELLEY, JANE M
STREET ADDRESS	72 SE 6TH AVE #301 <i>2420 Tusculum way</i>
CITY-ST-ZIP	DELRAY BEACH, FL 33483 <i>Boynton Beach FL 33435</i>
TITLE	P
NAME	KELLEY, PATRICK S
STREET ADDRESS	72 SE 6TH AVE #301 <i>2420 Tusculum way</i>
CITY-ST-ZIP	DELRAY BEACH, FL 33483 <i>Boynton Beach FL 33435</i>
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**

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: *Patrick Kelley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/05
Date

Daytime Phone #