## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P04000040887** 

## **FILED** Apr 01, 2005 8:00 am Secretary of State

04-01-2005 90018 039 \*\*\*150.00

2. Principal Place of Business   3. Mailing Address   0120005 Chg.P CR2E034 (10/03)    2. Principal Place of Business   3. Mailing Address   01200005 Chg.P CR2E034 (10/03)    Chy & State   City & State   City & State   4. FEI Number 20 — 0 4 6 5 4 9   Applied For Not Ap	1. Entity Name ANOTHER GREAT ADVENTURE, INC.												
2. Principal Place of Business	Principal Plac	e of Busines:	S	Mailing Address	Mailing Address								
Suite, Apt. #, etc.    Suite, Apt. #, etc.   O1202005   Chg-P   CR2E034 (10/03)	O HOPKINS ISLAND F			PO BOX 430518	PO BOX 430518						5003	2911	
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Size and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  File Registered  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  City  FL  Zip Code  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWITI FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  PRIVINGER, SACOT J  SIREF AVORSS  PRUNCER, SACOT J  SIREF AVORSS  PRUNCER, SACOT J  SIREF AVORSS  PRUNCER, SACOT J  SIREF AVORSS  PRO BOX 430518  DO FRICERS AND DIRECTORS  TILE  NAME  SIREF AVORSS  DOT 5-1-79  BILD PINE KEY, FL 33043  DO FRICERS AND DIRECTORS  Debts  TILE  NAME  SIREF AVORSS  DOT 5-1-79  BILD PINE KEY, FL 33043  DO FRICERS AND SIREF AVORSS  DOT 5-1-79  BILD PINE KEY, FL 33043  DO FRICERS AND SIREF AVORSS  DOT 5-1-79  BILD PINE KEY, FL 33043  DO FRICERS  DO FRICERS AND SIREF AVORSS  DOT 5-1-79  BILD PINE KEY, FL 33043  DO FRICERS  DO FRICER	2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address								
Zp Country Zp Country Sp Country	Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01202005	Chg-P	CR2E	034 (10/03)		
6. Name and Address of Current Registered Agent 7. Name and Address of Nava Registered Agent 11300 OVERSEAS HWY MARATHON, FL 33050  City  City  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Addition  Fl  Zip Code  Addition  Fl  Zip Code  Addition  Fl  Zip Code  FL  Zi	City & State			City & State	City & State			4. FEI Numb	20-0°	1605	19 NO		
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip	Zip Coun			5. Certificat	e of Status Desired				
CHRISTOPHER B. WALDERA, P.A.  11300 OVERSEAS HWY MARATHON, FL 33050  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 Plorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWITH FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  PRILE NOWITH FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  IN.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME  SPRUNGER, SACOT J  Debte  TIME  NAME  SPRUNGER, SACOT J  DEBTE HOWES  SPRUNGER, SACOT J  SPRUNGER, SACOT J  DEBTE HOWES  SPRUNGER, SACOT J  SPRUNGER, SACOT J  DEBTE HOWES  SPRUNGER, SACOT J  S		6. Name	and Address of Current	Registered Agent		<u> </u>	·	7. Name and Address of New Registered Agent					
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code						Name							
Eity FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Syntaxx, typid or presed name of ingistered agent and tibs # applicable. (NOTE: Registered Agent algorithm registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIG	11300 OV	ERSEAS I					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    Signature   Signature lynd or press name of ingestered agent and title if applicable.   (NOTE Registered Agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the obligations of registered agent.   1 am familiar with, and accept the registered agent.   1 am familiar with, and accept the registered agent.   1 am familiar with, and accept the registered agent.   1 am familiar with, and accept the registered agent.   1 am familiar with accept the registered age		·									Zio Cod	θ	
THE Obligations of registered agent.  SIGNATURE  Signature, hyper or privated name of migratored agent and title if explainable. (NOTE: Reposement Agent algorithms required when relimitation):  PILE NOWITH FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D SPRUNGER, SACOT J  SPRUNG								·· · · · · ·			- '		
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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)(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, withyful other like empowered.

SIGNATURE:

MATURE AND TYPED OF PRINTED HOME OF SIGNING OFFICER OR PRECTOR

305-797-44