

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068844

FILED
Feb 13, 2006
Secretary of State

Entity Name: ADVENTURES AND GETAWAYS, INC.

Current Principal Place of Business:

2348 OCEANWALK DR W
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

2348 OCEANWALK DR W
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 20-1059662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWTON, CLIFFORD B ESQ
10192 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BAHR, JERRY
Address: 2348 OCEANWALK DR W
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VSD () Delete
Name: LAWNEY, PETER
Address: 1313 WILDBERRY LANE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: LAWNEY, PETER
Address: 301 CASA MARINA PLACE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER LAWNEY

VSD

02/13/2006

Electronic Signature of Signing Officer or Director

_____ Date