

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101234

FILED
Apr 20, 2007
Secretary of State

Entity Name: ADVENTURE OUTFITTERS OF TAMPA BAY, INC.

Current Principal Place of Business:

3309 SOUTH DALE MABRY HWY.
TAMPA, FL 33629

New Principal Place of Business:

4330 1/2 SOUTH MANHATTAN AVE.
TAMPA, FL 33611

Current Mailing Address:

3309 SOUTH DALE MABRY HWY
TAMPA, FL 33629

New Mailing Address:

4330 1/2 SOUTH MANHATTAN AVE.
TAMPA, FL 33611

FEI Number: 30-0265782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYTS, ANDREW J JR.
106 S. TAMPANIA AVE., STE. 200
TAMPA, FL 33606 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: D () Delete
Name: WATTS, LEON E JR.
Address: 3309 SOUTH DALE MABRY HWY
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WATTS, LEON E JR.
Address: 4330 1/2 SOUTH MANHATTAN AVE.
City-St-Zip: TAMPA, FL 33611

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: LEON E WATTS JR.

D

04/20/2007

Electronic Signature of Signing Officer or Director

Date