

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90305 007 \*\*\*150.00

<b>DOCUMENT # P04000157384</b> 1. Entity Name <b>TO FUTURE ADVENTURES, INC.</b>			
Principal Place of Business <b>5833 110TH STREET JACKSONVILLE, FL 32244</b>		Mailing Address <b>5833 110TH STREET JACKSONVILLE, FL 32244</b>	
2. Principal Place of Business <b>5833 110th St</b> Suite, Apt. #, etc.		3. Mailing Address <b>5833 110th St</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b> Zip <b>32244</b> Country <b>Duval</b>		City & State <b>Jacksonville, FL</b> Zip <b>32244</b> Country <b>Duval</b>	
4. FEI Number <b>20-1912758</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PARMETER, WILLIAM L 5833 110TH STREET JACKSONVILLE, FL 32244</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARMETER, WILLIAM L 5833 110TH STREET JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARMETER, Luanne L 5833 110TH STREET JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARMETER, Luanne 5833 110th St. Jacksonville, FL 32244 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>William L. Parmer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-7-05</u> Daytime Phone # <u>904 219-5461</u>	



ATTACHMENT

Division of Corporations

66024515  
#P04000157384

I am writing this letter to let you now that we had filled out the paper work back on 03 /08 /05. We where not a were of anything wrong with what we filled out on the paperwork Until we received a post card on 06/30/05 . Saying that are business would be dissolved .that is when I called , and found out that the F E I # was missing .know I have fill out this paper for a second time have put the E I N # on the paper work .from what I understand is the employee ideation number . If this number is wrong please contact me at 904-219-5461 after 9:00 am. And before 6:00pm.

Thank You

P.S.

Let me know about the late fees .

We had it in before the dead line.

You cashed the check before it too .