

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000107157

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** WJS ADVENTURES, INCORPORATED

**Current Principal Place of Business:**

3435 RESERVE CIRCLE NORTH  
ST. PETERSBURG, FL 33713 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 48411  
ST. PETERSBURG, FL 33743 US

**New Mailing Address:**

**FEI Number:** 20-5355071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DILL, SALLY K  
13562 EAST US HIGHWAY 92  
DOVER, FL 33527 US

**Name and Address of New Registered Agent:**

GIACOBBE, SALLY K  
13562 EAST US HIGHWAY 92  
DOVER, FL 33527 US

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:** SALLY KAY GIACOBBE

01/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GIACOBBE, SALLY K  
**Address:** 13562 EAST US HIGHWAY 92  
**City-St-Zip:** DOVER, FL 33527 US

**Title:** P  
**Name:** HAMPTON, WENDY D  
**Address:** 3435 RESERVE CIRCLE NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33713 US

**Title:** P  
**Name:** HANSEN, JUDY A  
**Address:** 10265 ULMERTON ROAD, LOT # 19  
**City-St-Zip:** LARGO, FL 33771 US

I hereby 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 all other like empowered.

**SIGNATURE:** SALLY KAY GIACOBBE

PRES

01/27/2011

Electronic Signature of Signing Officer or Director

Date