

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90059 028 ***150.00

DOCUMENT # P31253	
1. Entity Name RECREATIONAL ADVENTURES CO.	



Principal Place of Business 100 N PHILLIPS AVE STE 901 SIOUX FALLS, SD 57104 US	Mailing Address 100 N PHILLIPS AVE STE 901 SIOUX FALLS, SD 57104 US
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50005224



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number
46-0355993

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MICKELSON, EDITH
5120 STRINGFELLOW RD
SAINT JAMES CITY, FL 33956**

7. Name and Address of New Registered Agent

Name **Brian Goddard**
Street Address (P.O. Box Number is Not Acceptable)
5120 Stringfellow Rd
City **Saint James City** **FL** Zip Code **33956**

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 *Brian Goddard* **Brian Goddard** 1/18/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUTLER, CHRISTOPHER A 23824 PLACER PLACE RAPID CITY, SD 57702 <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	ST BROCKMUELLER, JEAN 2108 SLATEN COURT SIOUX FALLS, SD 57103 <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	D CUTLER, KENT R 215 SPYGLASS DRIVE SIOUX FALLS, SD 57108 <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	V JOHNSON, J. ALAN P O BOX 295 N/A HILL CITY, SD <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	D BOZIED, DAVID 676 PARK AVENUE BROOKINGS, SD 57006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUTLER, RICHARD A 1005 RALPH ROGERS RD SIOUX FALLS, SD <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.

SIGNATURE: *Jean Brockmueller* **Jean Brockmueller** **Secretary-Treasurer** **1-12-05** **605-355-4959**
Signature and typed or printed name of signing officer or director Date Daytime Phone #