

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**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**



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**GODDARD, BRIAN  
5120 STRINGFELLOW RD  
SAINT JAMES CITY, FL 33956**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re/submitting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**1000000391306  
01/24/06-80034-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP  
CUTLER, CHRISTOPHER A  
23824 PLACER PLACE  
RAPID CITY, SD 57702**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**ST  
BROCKMUELLER, JEAN  
2108 SLATEN COURT  
SIOUX FALLS, SD 57103**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
CUTLER, KENT R  
215 SPYGLASS DRIVE  
SIOUX FALLS, SD 57108**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**V  
JOHNSON, J. ALAN  
P O BOX 285 N/A  
HILL CITY, SD**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
BOZIED, DAVID  
1200 S ABERDEEN AVE  
SIOUX FALLS, SD 57106**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
CUTLER, RICHARD A  
1005 RALPH ROGERS RD  
SIOUX FALLS, SD**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Stan D. [Signature]* Secretary-Treas. 1-16-06 605-335-4857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #