## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P93000038817**

1. Entity Name

COLONEL JOE'S ADVENTURES, INC.



FILED Feb 20, 2004 08:00 AM Secretary of State

Principal Place of Business

**608 MARINER WAY** 

ALTAMONTE SPRINGS, FL 32701-5434

Mailing Address

**608 MARINER WAY** 

ALTAMONTE SPRINGS, FL 32701-5434



## DO NOT WRITE IN THIS SPACE

02142004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3186360

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

KITTINGER, JOSEPH W 608 MARINER WAY ALTAMONTE SPRINGS, FL 32701-5434

## DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE Serietere	I A numb rinnatur	a required when reinstating)	DATE	
	organica, types or printed marks or registered agent and me in	approadia. (AOTE, riegistare)	Agent signatur	s reduced when remarking)		
	E NOW!!! FEE IS \$150.00 lay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cin <b>g</b>	<b>\$5.00</b> May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KITTINGER, JOSEPH W 608 MARINER WAY ALTAMONTE SPRINGS, FL 32701543	34			U00000058555 02/20/04-80043-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00.000 FOR DT 000040 FOO 100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE						

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 attaching hit with an address with an address with a ther like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TOPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

2-16-04 407-331-5635