

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/8

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-08-2005 90176 037 ***150.00

DOCUMENT # P93000038817 1. Entity Name COLONEL JOE'S ADVENTURES, INC.	
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Principal Place of Business 608 MARINER WAY ALTAMONTE SPRINGS, FL 32701-5434	Mailing Address 608 MARINER WAY ALTAMONTE SPRINGS, FL 32701-5434
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66008460



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3186360	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KITTINGER, JOSEPH W 608 MARINER WAY ALTAMONTE SPRINGS, FL 32701-5434
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

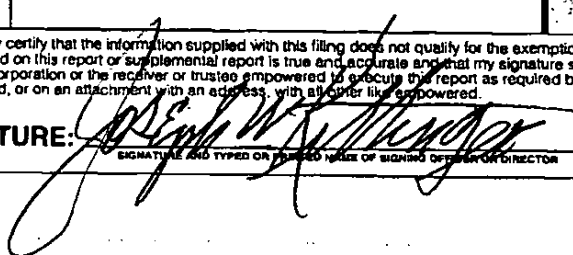
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KITTINGER, JOSEPH W 608 MARINER WAY ALTAMONTE SPRINGS, FL 327015434
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**DO NOT WRITE
IN THIS SPACE**

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 the 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:  **03-30-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

907-331-5635