

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90015 035 ***150.00

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1. Entity Name
ADVENTURE VENTURES OF NORTH FLORIDA, INC.



Principal Place of Business
**618 NW 60TH ST.
SUITE A
GAINESVILLE, FL 32607 US**

Mailing Address
**618 NW 60TH ST.
SUITE A
GAINESVILLE, FL 32607 US**

94051816



DO NOT WRITE IN THIS SPACE

03312004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3195421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PUGH, MERRILL
618 NW 60TH ST.
SUITE A
GAINESVILLE, FL 32607**

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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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PTD
PUGH, MERRILL
618 60TH ST. SUITE A
GAINESVILLE, FL 32607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PLA, JOHN
618 60TH ST. SUITE A
GAINESVILLE, FL 32607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merrill Pugh **Merrill Pugh**

4/15/04 **4/15/04**

Date

Daytime Phone #

352-331-3343 **352-331-3343**