

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000024589**

**1. Entity Name**

**ANDERSON ADVENTURES, INC.**



**Principal Place of Business**

**100 N TAMPA ST  
SUITE 4100  
TAMPA, FL 33602 US**

**Mailing Address**

**PO BOX 1288  
C/O ROD ANDERSON  
TAMPA, FL 33601 US**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3304861**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ANDERSON, ROD  
100 N. TAMPA ST  
SUITE 4100  
TAMPA, FL 33602**

**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**

*Rod Anderson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**1-5-06**

**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**

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** ANDERSON, KEN  
**STREET ADDRESS** 34331 MISSION VALLEY DRIVE  
**CITY-ST-ZIP** DADE CITY, FL 33525

**TITLE** D  
**NAME** ANDERSON, ROD  
**STREET ADDRESS** 100 N TAMPA ST, STE 4100  
**CITY-ST-ZIP** TAMPA, FL 33602

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

1100000383460  
01/13/06-80002-005 150.00

**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:**

*Rod Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**1-05-06**

**Daytime Phone #**

**(813) 227-672**