2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000065188

1. Entity Name
SLIM'S ADVENTURES INC.

FILED
13 FEB 18 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12198 66 AVE N SEMINOLE, FL 33772	12198 66 AVE N SEMINOLE, FL 33772
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10142013 Chg-P CR2E034 (12/11)

4. FEI Number: 59-3336450 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILLEN, KIM P 12198 66 AVE N SEMINOLE, FL 33772	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 27, 2013

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLEN, KIM 12198 66 AVE N. SEMINOLE, FL 33772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200253060182 10/22/13--01002--006 **150.00	☐ Change ☐ Addition
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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: Kim Gillen pres. 10/17/13 Kgillen69@TAMPABAY.RR.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — E-MAIL ADDRESS

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Session

Description	Filing Stage
Session file for p95000065188 with last modified date of 2/15/2013 3:59:14 PM Eastern Standard Time	PaymentPage
Session file for p95000065188 with last modified date of 6/11/2013 8:40:05 AM Eastern Standard Time	Edit
Session file for p95000065188 with last modified date of 2/18/2013 4:49:42 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
P95000065188-227ffb60-a460-40de-9899-a6587cd2e636	P95000065188	0	2	2/2/2012 12:00:00 AM
p95000065188-35930aa8-e58f-4bd4-a094-775c44670549	P95000065188	150	0	2/15/2013 3:59:16 PM
P95000065188-7378c4dc-8d87-4ade-8841-1b811ff2d394	P95000065188	0	2	1/10/2011 12:00:00 AM
p95000065188-8a8f7082-626c-4730-abb7-1c59d54ea678	P95000065188	150	0	2/18/2013 4:49:46 PM
P95000065188-d94afb4d-7f24-4b07-8e94-9b61e03b5cd7	P95000065188	0	2	1/29/2010 12:00:00 AM

K Gillen 69 @ tampabay.rr.com