

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002894

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** INCREDIBLE ADVENTURES, INC.

**Current Principal Place of Business:**

6604 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

6604 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242 US

**New Mailing Address:**

**FEI Number:** 65-0635472      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REIFERT, JANE  
6604 MIDNIGHT PASS RD.  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** SD  
**Name:** LEWIS, SHERI  
**Address:** 2729 OAKMERE LANE  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** CPTD  
**Name:** REIFERT, JANE  
**Address:** 5421 PLAZA DE LAS PALMAS  
**City-St-Zip:** SARASOTA, FL 34242

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE E REIFERT

CPTD

01/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date