

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90023 007 ***163.75

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1. Entity Name

THE AIRBOAT EXPERIENCE OF THE EVERGLADES,
INC.



Principal Place of Business

3200 SAN MARCO RD.
MARCO ISLAND FL 34140

Mailing Address

P. O. BOX 57
GOODLAND FL 34140

2. Principal Place of Business

3200 SAN MARCO RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 57

Suite, Apt. #, etc.

City & State

MARCO ISLAND

Zip

34145

Country

Collier

City & State

Goodland, Fla.

Zip

34140

Country

Collier

4. FEI Number

59-3457033

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBER, PATRICK C. ESQ
4532 E. TAMiami TRAIL.
NAPLES FL 34112

7. Name and Address of New Registered Agent

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ST ☐ Delete
NAME KARLL, PREDMORE
STREET ADDRESS PO BOX 57
CITY-ST-ZIP GOODLAND FL 34140

TITLE PVP ☐ Delete
NAME PRDMERE, MOED ? *this is my wife*
STREET ADDRESS PO BOX 57
CITY-ST-ZIP GOODLAND FL 34140

TITLE *this is misspelled* ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST ☐ Change ☐ Addition
NAME KARL L. PREDMORE
STREET ADDRESS P.O. Box 57
CITY-ST-ZIP Goodland, Fla 34140

TITLE AVA ☐ Change ☐ Addition
NAME MARY S. PREDMORE
STREET ADDRESS P.O. Box 57
CITY-ST-ZIP Goodland, Fla 34140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Karl L. Predmore Karl L. Predmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16-04

Date

Daytime Phone #

239

692 3141