2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P97000095579

t. Entity Name ADVENTURE RV, INC.



Principal Place of Business

5845 PALMER BLVD. SARASOTA, FL 34232 Mailing Address

5845 PALMER BLVD. SARASOTA, FL 34232

FILED Jul 19, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07152004 No Chg-P CR2E034 (10/03)

4.	FEI Number
	65-0793087
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Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, R. JOHN II 46 N. WASHINGTON BLVD., STE. 24 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

8. The above the obliga	named entity submits this statement for the tions of registered agent.	purpose of changing its registered of	ice or registered agent, or be	oth, in the State of Florida. I am familiar with	h, and accept
SIGNATURE.	Signature, typod or printed name of registered agent and titl	e if applicable. (NOTE, Registered Ager	signature required when religizating)	- DATE	
FiLE NOW!!! FEE 18 \$150.00 Due by September 8, 2004		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	in accordance with s. 607,193(2)(b corporation did not receive the prior), F.S., the r natice.
10.	ÖFFICERS AND DIRE	CTORS		American and and and and and and a second	
TITLE NAME STREET ADORESS CITY+ST-ZIP	P WILD, R JEFFREY 5845 PALMER BLVD. SARASOTA, FL 34232		**************************************	U00000168872	
NTLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILD, W KATHERINE 5845 PALMER BLVD. SARASOTA, FL 34232			(100 <u>600166872</u> 97/19/84-80002-902 1	50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
12. I hereby a indicated of the cor	certify that the information supplied with this on this report or supplemental report is true potation or the receiver or trustee empowers	filling does not qualify for the exemptic and accurate and that my signature s	on stated in Section 119.07(3) half have the same legal effe by Chapter 607. Florida Statut	(ii), Florida Statutes Turther certify that the cert as if made under oath; that I am an office as if the certify that I am an office as a state of the certific that I am an appear in Blory of the certific that I am a second that I am a seco	information er or director