

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90027 031 \*\*\*150.00

**DOCUMENT # P98000040178**

1. Entity Name  
**ADVENTURE AIR, INC.**



Principal Place of Business

**2483 IKE AVENUE  
SEBRING, FL 33875**

Mailing Address

**2483 IKE AVENUE  
SEBRING, FL 33875**

**50022020**

2. Principal Place of Business

**1617 ASSEMBLY POINT DRIVE  
Suite, Apt. #, etc.  
SEBRING, FLORIDA  
City & State**

3. Mailing Address

**1617 ASSEMBLY POINT DRIVE  
Suite, Apt. #, etc.  
SEBRING, FLORIDA  
City & State**

07052006

Chg-P

CR2E034 (11/05)

4. FEI Number

**65-0837182**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip  
**33870**

Country

Zip  
**33870**

Country

6. Name and Address of Current Registered Agent

**CARLSON, JEFF  
3531 US HIGHWAY 27 SOUTH  
SEBRING, FL 33870-5426**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STIFEL, ARTHUR C III  
STREET ADDRESS  
337 SE LAKEVIEW DR  
CITY-STATE-ZIP  
SEBRING, FL 33870 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STIFEL, ARTHUR C  
STREET ADDRESS  
1617 ASSEMBLY POINT DRIVE  
CITY-STATE-ZIP  
SEBRING, FLORIDA 33870 ☒ Change ☐ Addition

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-5-06**

Date

**863-382-7411**

Daytime Phone #