

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

|                                                                                         |         |                                                                    |         |
|-----------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------|---------|
| <b>DOCUMENT # P98000045798</b>                                                          |         |                                                                    |         |
| 1. Entity Name<br><b>FELIX &amp; MISTY'S ADVENTURES, INC.</b>                           |         |                                                                    |         |
| Principal Place of Business<br><b>501 E BAY ST<br/>RM 311<br/>JACKSONVILLE FL 32202</b> |         | Mailing Address<br><b>3128 BEACH AVE<br/>JACKSONVILLE FL 32207</b> |         |
| 2. Principal Place of Business                                                          |         | 3. Mailing Address                                                 |         |
| Suite, Apt. #, etc.                                                                     |         | Suite, Apt. #, etc.                                                |         |
| City & State                                                                            |         | City & State                                                       |         |
| Zip                                                                                     | Country | Zip                                                                | Country |



MOORE CR2E034 (11/03)

|                                                                                                                              |  |                                                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>HOWARD + SANFORD CPA<br/>3128 BEACH BLVD<br/>JACKSONVILLE FL 32207</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Kim K. Hubbard</b><br>Street Address <b>Certified Public Accountant</b><br><b>3730 Beach Boulevard</b><br>City <b>Jacksonville, FL 32207</b><br>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 *Kim K. Hubbard* DATE **1-26-04**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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                         |                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11) |                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>TURNAGE, CECIL P<br>2805 CHELTON RD<br>JACKSONVILLE FL 32216 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>TURNAGE, BELINDA F<br>2805 CHELTON RD<br>JACKSONVILLE FL 32216 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Kim K. Hubbard* **1-26-04** **9041345-8195**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #