

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104133

Entity Name: ADVENTURE-NET, INC.

FILED
Apr 05, 2004
Secretary of State

Current Principal Place of Business:

492-36 LAKEVIEW DRIVE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2323
PALM HARBOR, FL 346822323

New Mailing Address:

FEI Number: 59-3548770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POEKERT, LINDA L
492-36 LAKEVIEW DRIVE
PALM HARBOR, FL 34683

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POEKERT, STEVEN T
Address: P.O. BOX 2323 N/A
City-St-Zip: PALM HARBOR, FL 346822323

Title: ST () Delete
Name: POEKERT, LINDA L
Address: P.O. BOX 2323
City-St-Zip: PALM HARBOR, FL 346822323

Title: VP () Delete
Name: POEKERT, HEATHER L
Address: P OB OX 2323
City-St-Zip: PALM HARBOR, FL 346822323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POEKERT, LINDA L
Address: P.O. BOX 2323
City-St-Zip: PALM HARBOR, FL 346822323

Title: ST (X) Change () Addition
Name: POEKERT, HEATHER L
Address: P.O. BOX 2323
City-St-Zip: PALM HARBOR, FL 346822323

Title: VP (X) Change () Addition
Name: POEKERT, STEVEN T
Address: P.O. BOX 2323
City-St-Zip: PALM HARBOR, FL 346822323

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LINDA L POEKERT

PRES

04/05/2004

Electronic Signature of Signing Officer or Director

_____ Date