

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90543 007 ***150.00

DOCUMENT # P99000011962																																							
1. Entity Name BLT ADVENTURES, INC.																																							
Principal Place of Business 2501 MONTEREY STREET SARASOTA, FL 34231		Mailing Address P.O. BOX 15256 SARASOTA, FL 34277-1256																																					
2. Principal Place of Business		3. Mailing Address																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																					
City & State		City & State																																					
Zip	Country	Zip	Country																																				
4. FEI Number 59-3556768		Applied For ☐ Not Applicable																																					
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																					
THORNTON, WILLIAM 2501 MONTEREY STREET SARASOTA, FL 34231		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 renewing) DATE _____																																							
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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.																																					
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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: <i>Elizabeth Thornton</i>		ELIZABETH THORNTON 4/1/04 941-924-8990																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4/1/04																																					