

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082112

FILED
Jan 09, 2004
Secretary of State

Entity Name: EXPERIENTIAL ODYSSEYS, INC.

Current Principal Place of Business:

24 S CT
INDIALANTIC, FL 32903

New Principal Place of Business:

24 SOUTH CT
INDIALANTIC, FL 32903

Current Mailing Address:

24 S CT
INDIALANTIC, FL 32903

New Mailing Address:

24 SOUTH CT
INDIALANTIC, FL 32903

FEI Number: 59-3617507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVAGE, VIRGINIA
24 S CT
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

SAVAGE, VIRGINIA
24 SOUTH CT
INDIALANTIC, FL 32903 US

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: VIRGINIA SAVAGE

01/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAVAGE, VIRGINIA H
Address: 24 S CT
City-St-Zip: INDIALANTIC, FL 32903

Title: VPST () Delete
Name: IRONS, CERA E
Address: 708 HALTON AVE SW
City-St-Zip: PALM BAY, FL 32908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAVAGE, VIRGINIA H
Address: 24 SOUTH CT
City-St-Zip: INDIALANTIC, FL 32903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIRGINIA SAVAGE

PD

01/09/2004

Electronic Signature of Signing Officer or Director

Date