

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90049 014 ***150.00

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01202005 Chg-P CR2E034 (10/03)

DOCUMENT # S02797 1. Entity Name WILDERNESS CANOE ADVENTURES ON THE LITTLE MANATEE RIVER, INC.					
Principal Place of Business 18001 US 301 SOUTH WIMAUMA, FL 33598		Mailing Address 18001 US 301 SOUTH WIMAUMA, FL 33598			
2. Principal Place of Business 6627 Clair Shore Dr.		3. Mailing Address 6627 Clairshore Dr.			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1			
City & State Apollo Beach FL 33572		City & State Apollo Beach FL 33572		4. FEI Number 59-3029584	
Zip Hillsb.		Zip Hillsb.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAPNIEWSKI, FRANCIS 18001 US 301 SOUTH WIMAUMA, FL 33598			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6627 Clairshore Dr. City Apollo Beach FL Zip Code 33572		
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 <u><i>Francis Lapniewski</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-20-05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPNIEWSKI, FRANCIS 18001 US 301 SOUTH WIMAUMA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6627 Clairshore Dr. Apollo Beach, FL 33572	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPNIEWSKI, JANET L. 18001 US 301 SOUTH WIMAUMA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6627 Clairshore Dr. Apollo Beach, FL 33572	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u><i>Francis Lapniewski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-20-05</u> Daytime Phone # <u>827 8641991</u>		