2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

| | MENT # S13656 | 1 | | Secretary of | State |
|---|--|--|--|--|---|
| 1. Entity Nam RESTAU | [®] RANT ADVENTURES, INC. | | | | |
| | | ì | | | |
| 1016 EAST : | SEMORAN BLVD | ailing Address 016 EAST SEMORAN BLVD ASSELBERRY, FL 32751 | | | elWiinni (1 1 mm) |
| | and the second s | A CONTRACTOR OF THE STATE OF TH | | | |
| | | | | 07202004 No Chg-P CR2E034 (10/03 | |
| | | a commence Managana e e e e e e e e e e e e e e e e e e | <u> </u> | | Applied For |
| | | The second of th | · · <u> · · · · · · · · · · · · · · · ·</u> | \$9.75 4 | Not Applicable |
| | | | , | 5. Certificate of Status Desired Fee Requi | |
| | 6. Name and Address of Current Regis | itered Agent | e; | and the state of t | |
| ALDERS, 105 OAKL MAITLANI | | | | | |
| | | M | | | |
| 8. The above the obligat | named entity submits this statement for the ions of registered agent. | burbose of changing its registere | ed office or register | ed agent, or both, in the State of Florida. I am familiar wit | h, and accept |
| SIGNATURE. | AM THE | , | | | |
| Signatione. | Signature, typed or printed name of registered agent and title | if applicable (NOTE Registered | d Agent signature required | when reinstating) DATE | |
| | LE NOW!!! FEE IS \$550.00 ue by September 8, 2004 | Election Campaign Finan Trust Fund Contribution. | ncing \$5. | .00 May Be U00000171766 09/08/84-80004-017 5 | SSO. 00 |
| 10. | OFFICERS AND DIRE | CTORS | | | |
| HITLE NAME | PVST ALDERS, BLAKE C | • | | | |
| STREET ADDRESS | 105 OAKLEIGH DR | | | · · | |
| OLD OT 200 | LAANTIANID DI GOZEA | | X . | | |
| CITY-ST-ZIP | MAITLAND, FL 32751 | * | | | |
| TITLE NAME | MAITLAND, FL 32751 | • | | • • | |
| TITLE | MAITLAND, FL 32751 | • | | • • • | |
| TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MAITLAND, FL 32751 | • | | | |
| TATLE NAME STREET ADDRESS CITY-ST-ZIP | MAITLAND, FL 32751 | • | | | |
| TATLE NAME STREET ADDRESS CITY - ST - ZIP TATLE NAME STREET ADDRESS CITY - ST - ZIP | MAITLAND, FL 32751 | | dig hydryn a singenhelen dese | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MAITLAND, FL 32751 | | day sylvastic a stoppenharmon de co | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MAITLAND, FL 32751 | | SEED TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE | 7 | |
| TATLE NAME STREET ADDRESS CITY - ST - ZIP THILE NAME STREET ADDRESS CITY - ST - ZIP THILE NAME | MAITLAND, FL 32751 | | WITE TOTAL A STREET AND ASSESSMENT ASSESSMENT AND ASSESSMENT | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME | MAITLAND, FL 32751 | | STATE OF THE PROPERTY OF THE P | | |
| TATLE NAME STREET ADDRESS CITY - ST - ZIP THILE NAME STREET ADDRESS CITY - ST - ZIP THILE NAME STREET ADDRESS CITY - ST - ZIP THILE NAME STREET ADDRESS CITY - ST - ZIP | MAITLAND, FL 32751 | | WITH THE TAX A STREET OF THE TAX ASSESSMENT AND STREET OF TAX ASSESSMENT ASSESSMENT AND STREET OF TAX ASSESSMENT | | |
| TATLE NAME STREET ADDRESS CITY-ST-ZIP THILE | MAITLAND, FL 32751 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | MAITLAND, FL 32751 | | CONTRACTOR A TRANSPORTATION OF THE PROPERTY OF | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Tiling does not qualify for the eye | motion stated in Se | sction 119.07(3)(f), Florida Statutes. I further certify that the | information |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | illing does not qualify for the exe and accurate and that my signal d to execute this propri as requi | mption stated in Se ture shall have the red by Chapter 607 | section 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath, that I am an offic 7, Florida Statutes; and that my name appears in Block 10 | e information er or director or Block 11 if |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | filing does not qualify for the exe and accurate a/d that my signa- d to execute this report as requi it other like empowered | mption stated in Se ture shall have the red by Chapter 607 | oction 119.07(3)(1), Florida Statutes. I further certify that the same legal effect as if made under oath, that I am an offic, Florida Statutes; and that my name appears in Block 10 | e information er or director or Block 11 if |