

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000007216

Entity Name: X-22 ADVENTURES, INC.**Current Principal Place of Business:**1914 SW FLOWER LANE
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**1914 SW FLOWER LANE
PORT SAINT LUCIE, FL 34953 US**FEI Number:** 86-1797081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONE, STEPHEN S.
1914 SW FLOWER LANE
PORT SAINT LUCIE, FL 34953 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:** STEPHEN S. CONE

01/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CONE, STEPHEN S
Address 1914 SW FLOWER LANE
City-State-Zip: PORT SAINT LUCIE FL 34953

Title VP
Name LANFAIR, MICHAEL DENNIS
Address 319 RUBY LAKE LOOP
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY
Name CONE, LORI MICHELLE
Address 1914 SW FLOWER LANE
City-State-Zip: PORT SAINT LUCIE FL 34953

Title TREASURER
Name LANFAIR, KILEY DANIELLE
Address 319 RUBY LAKE LOOP
City-State-Zip: WINTER HAVEN FL 33884

Title BOARD MEMBER
Name HAWKS, EDDIE
Address 8590 US HWY 441 SE
City-State-Zip: OKEECHOBEE FL 34974

Title BOARD MEMBER
Name ARGONA, ADAM
Address 1430 SW BARGELLO AVE
City-State-Zip: PORT SAINT LUCIE FL 34953

Title OPERATIONS DIRECTOR
Name BREMER, IAN
Address 5049 VARTY RD
City-State-Zip: WINTER HAVEN FL 33884

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN S. CONE

FOUNDER/CEO

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date