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

SIGNATURE: JOHNSON, DIANA M

Electronic Signature of Signing Officer/Director Detail

# 34448 TUSCANY AVENUE SORRENTO, FL 32776 US FEI Number: 88-2219089

**Current Principal Place of Business:** 

DOCUMENT# P22000031600

34448 TUSCANY AVENUE SORRENTO, FL 32776

**Current Mailing Address:** 

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: YOUR TROPICAL ADVENTURES INC

JOHNSON, DIANA M 34448 TUSCANY AVE SORRENTO, FL 32776 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:

**Officer/Director Detail :** 

Title	Р	Title	Р
Name	JOHNSON, DIANA M	Name	HAWKINS, RAYMOND M
Address	34448 TUSCANY AVE	Address	34448 TUSCANY AVE
City-State-Zip:	SORRENTO FL 32776	City-State-Zip:	SORRENTO FL 32776

PRESIDENT

04/01/2024

Date

## FILED Apr 01, 2024 Secretary of State 4195215183CC

Date

Certificate of Status Desired: No