

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 851625

1. Entity Name
FITZ AND FLOYD FACTORY OUTLET, INC.



Principal Place of Business
**501 E CORPORATE DR
LEWISVILLE, TX 75057 US**

Mailing Address
**501 E CORPORATE DR
LEWISVILLE, TX 75057 US**



07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-1774560

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DEVOTO, EARL
501 E CORPORATE DR
LEWISVILLE, TX 75057**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
BARAM, STEVE
501 E CORPORATE DR
LEWISVILLE, TX 75057**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LOCKAMY, DALE
501 E CORPORATE DR
LEWISVILLE, TX 75057**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SWEATT, SAFFORD P
501 CORPORATE DR.
LEWISVILLE, TX 75057**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTS
WALKER JR, JOHN B
501 CORPORATE DR.
LEWISVILLE, TX 75057**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000168349
07/26/04-80010-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *J B Walker, CFO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/04
Date

972-353-7700
Daytime Phone #