


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # F96000003638**

1. Entity Name  
 OUTTA THE HOLE TOURING, INC.



Principal Place of Business %HABER CORP 16830 VENTURA BLVD #501 ENCINO, CA 91436	Mailing Address %HABER CORP 16830 VENTURA BLVD #501 ENCINO, CA 91436
---	---

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4564635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LESTER, DON  
 LESTER & MITCHELL  
 1035 LA SALLE ST  
 JACKSONVILLE, FL 32202

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

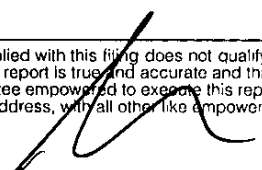
U00000587962  
 01/17/07-80053-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSINGTON, GARY 16830 VENTURA BLVD #501 ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HABER, GARY 16830 VENTURA BLVD #501 ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D POWELL, WILLIAM 16830 VENTURA BLVD. #501 ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D ZANT, JOHNNY VAN 4619 PLYMOUTH ST JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X  Gary Haber CPA 1/9/07 (813) 783-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #