

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000053877

1. Entity Name
OUTBACK SURF AND GIFT INC.



Principal Place of Business
**1176 NE OCEANVIEW CIR
JENSEN BEACH, FL 34957-3714**

Mailing Address
**1176 NE OCEANVIEW CIR
JENSEN BEACH, FL 34957-3714**



05122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0698700

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANDT, KEVIN
1176 NE OCEANVIEW CIR
JENSEN BEACH, FL 34957-3714**

**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
Due by September 6, 2006**

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	P BRANDT, KEVIN 1196 NE OCEANVIEW CIR JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRANDT, HILLARY 1176 NE OCEANVIEW CIR JENSEN BEACH, FL 34957
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05/20/06-80086-003 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/06
Date

Daytime Phone #