


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 126445**  
 1. Entity Name  
**ASSOCIATED OUT-DOOR CLUBS INC**



Principal Place of Business 8300 NEBRASKA TAMPA, FL 33604	Mailing Address 8300 NEBRASKA TAMPA, FL 33604
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**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0148040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HATER, JOHN M  
 8300 NEBRASKA AVE.  
 TAMPA, FL 33604

**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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000853028  
 03/26/08-80052-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATER, JOHN M. 1508 S TRASK STREET TAMPA, FL 336295533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIDWILL, C.W. JR. 22 REGENT WOOD ROAD NORTHFIELD, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HATER JR, HARRY J. 5575 PALISADES DRIVE CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSTON, WILLIAM, JR 8901 COUNTY LINE RD BURR RIDGE, IL 60527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HATER, STEVEN W 5560 PALISADES DRIVE, CINCINNATI, OH 45238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HATER, ROBERT E II 8315 NORMANDY DR CLEVES, OH 45002

**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:** *John M Hater* **JOHN M HATER** **2/27/08** **(813) 932-4313**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #