

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 218986

1. Entity Name
OUTLET DEPARTMENT STORE, INC.



Principal Place of Business
**36648 MISSOURI AVE
DADE CITY, FL 33525 US**

Mailing Address
**P.O BOX 1896
DADE CITY, FL 33525 US**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0856952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEITZENKORN, OTTO
36648 MISSOURI AVENUE
DADE CITY, FL 33525**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

000000231051
02/16/05-80015-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEITZENKORN, OTTO
STREET ADDRESS	36648 MISSOURI AVENUE
CITY - ST - ZIP	DADE CITY, FL
TITLE	STD
NAME	WEITZENKORN, ELAINE
STREET ADDRESS	36648 MISSOURI AVENUE
CITY - ST - ZIP	DADE CITY, FL
TITLE	VD
NAME	WADLER, JOAN W
STREET ADDRESS	18201 GLENVY CT
CITY - ST - ZIP	TAMPA, FL
TITLE	VD
NAME	WEITZENKORN, RONALD
STREET ADDRESS	1234 INGLENOOK PLACE
CITY - ST - ZIP	CINCINNATI, OH
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(i), 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] **OTTO WEITZENKORN, PRES 2/14/05 352-567-5462**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #