


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 218986 1. Entity Name OUTLET DEPARTMENT STORE, INC. |  |
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| Principal Place of Business 36648 MISSOURI AVE DADE CITY, FL 33525 US | Mailing Address P.O BOX 1896 DADE CITY, FL 33525 US |
|---|---|



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 59-0856952 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 5. Name and Address of Current Registered Agent WEITZENKORN, OTTO 36648 MISSOURI AVENUE DADE CITY, FL 33525 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000402965
02/03/06-80030-004 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEITZENKORN, OTTO 36648 MISSOURI AVENUE DADE CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WEITZENKORN, ELAINE 36648 MISSOURI AVENUE DADE CITY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WADLER, JOAN W 16201 GLENVRY CT TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WEITZENKORN, RONALD 1234 INGLENOOK PLACE CINCINNATI, OH |
| 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:

OTTO WEITZENKORN **OTTO WEITZENKORN Pres.** 1-24-06 352-567-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #