
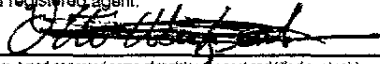
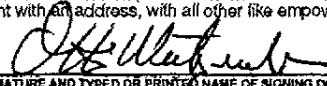


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 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	
DO NOT WRITE IN THIS SPACE		
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:  _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	WEITZENKORN, OTTO	
STREET ADDRESS	36648 MISSOURI AVENUE	
CITY - ST - ZIP	DADE CITY, FL	
TITLE	STD	
NAME	WEITZENKORN, ELAINE	
STREET ADDRESS	36648 MISSOURI AVENUE	DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP	DADE CITY, FL	
TITLE	VD	
NAME	WADLER, JOAN W	
STREET ADDRESS	16201 GLENVRY CT	
CITY - ST - ZIP	TAMPA, FL	
TITLE	VD	DO NOT WRITE IN THIS SPACE
NAME	WEITZENKORN, RONALD	
STREET ADDRESS	1234 INGLENOOK PLACE	
CITY - ST - ZIP	CINCINNATI, OH	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0856952

Applied For
Not Applicable

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

U00000609985
02/02/07-80003-010 150.00

Date Daytime Phone #