

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # 392028

1. Entity Name
GREAT OUTDOORS PUBLISHING COMPANY



Principal Place of Business

**4747 28TH STREET NORTH
SAINT PETERSBURG, FL 33714**

Mailing Address

**4747 28TH STREET NORTH
SAINT PETERSBURG, FL 33714**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1362115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALLYN, JAN
4747 28TH STREET NORTH
SAINT PETERSBURG, FL 33714**

**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 relating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000660983

03/20/07-80022-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLYN, JAN
STREET ADDRESS	4747 28TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714

TITLE	VP
NAME	MELLINGER, DALE A
STREET ADDRESS	9629 105 AVE N
CITY-ST-ZIP	LARGO, FL 33773

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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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:

Jan Allyn **JAN ALLYN**

Phone: 727-525-6609

Date: 06 March 07