

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM  
Secretary of State

DOCUMENT # 538388

1. Entity Name

OUTDOOR MART, INC.



Principal Place of Business

3008 N. EDGEWOOD AVE.  
JACKSONVILLE FL 32205

Mailing Address

3008 N. EDGEWOOD AVE.  
JACKSONVILLE FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1759757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARNER, GARY  
3008 N. EDGEWOOD AVE.  
JACKSONVILLE FL 32205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME GARNER, GARY  
STREET ADDRESS 5736 TANGLEWOOD LANE  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition  
NAME 000000205629  
STREET ADDRESS 01/31/05-80050-016 150.00  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME GARNER, GREG  
STREET ADDRESS 3008 N. EDGEWOOD AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME GARNER, SUE  
STREET ADDRESS 5736 TANGLEWOOD LANE  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Gary E Garner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-05

904353-8245

Date

Daytime Phone #