


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 538388**  
 1. Entity Name  
**OUTDOOR MART, INC.**




1st MOORE CR2E034 (10/05)

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: *Same*  
 3. Mailing Address: *Same*

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 NAME: GARNER, GARY STREET ADDRESS: 5736 TANGLEWOOD LANE CITY-ST-ZIP: JACKSONVILLE FL 32211	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: GARNER, GREG STREET ADDRESS: 3008 N. EDGEWOOD AVE. CITY-ST-ZIP: JACKSONVILLE FL 32205	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: GARNER, SUE STREET ADDRESS: 5736 TANGLEWOOD LANE CITY-ST-ZIP: JACKSONVILLE FL 32211	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 01/26/06-80055-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sue Garner* **Sue S Garner** 1-17-06 904353-8245  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #