


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90340 049 \*\*\*150.00

<b>DOCUMENT # 574230</b>	
1. Entity Name <b>PEACE RIVER OUTPOST, INC.</b>	

Principal Place of Business <b>2816 NW COUNTY RD 661 ARCADIA FL 34266 US</b>	Mailing Address <b>2816 NW COUNTY RD 661 ARCADIA FL 33821 US</b>
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00040202



1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address <b>2002 BAL HARBOR BLVD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>UNIT # 522</b>	
City & State		City & State <b>PUNTA GORDA FL</b>	
Zip <b>33950</b>	Country	Zip <b>CHARLOTTE</b>	Country

4. FEI Number <b>59-1816516</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BROWN, FLETCHER 124 NORTH BREVARD ARCADIA FL 34266</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> 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, 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>V BRAGG, JONATHAN P 2816 NW COUNTY RD 661 ARCADIA FL 34266-5202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST BRAGG, REBECCA A 2816 NW COUNTY RD 661 ARCADIA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BRAGG, CHARLOTTE A 2816 N COUNTY RD 661 ARCADIA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BRAGG, CHARLOTTE A 2816 NW COUNTY RD 661 ARCADIA FL 34266-5202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Charlotte A. Bragg **CHARLOTTE A. BRAGG** 4-13-05 941-637-1898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #