


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90192 030 ***150.00

DOCUMENT # 574230	
1. Entity Name PEACE RIVER OUTPOST, INC.	

Principal Place of Business 2816 NW COUNTY RD 661 ARCADIA FL 34266 US	Mailing Address 2002 BAL HARBOR BLVD. UNIT 522 PUNTA GORDA FL 33950 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent BROWN, FLETCHER 124 NORTH BREVARD ARCADIA FL 34266		7. Name and Address of New Registered Agent Name CHARLOTTE BRAGG Street Address (P.O. Box Number is Not Acceptable) 2002 BAL HARBOR #522 City PUNTA GORDA FL Zip Code 33950	
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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 Charlotte Bragg **CHARLOTTE BRAGG** DATE 2-23-06
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent Signature required when consisting)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAGG, JONATHAN P 2816 NW COUNTY RD 661 ARCADIA FL 34266-5202 <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	ST BRAGG, REBECCA A 2816 NW COUNTY RD 661 ARCADIA FL <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	P BRAGG, CHARLOTTE A 2816 N COUNTY RD 661 ARCADIA FL <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	D BRAGG, CHARLOTTE A 2816 NW COUNTY RD 661 ARCADIA FL 34266-5202 <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 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: Charlotte Bragg **CHARLOTTE BRAGG** DATE 2-23-06 941-637-1898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #