

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000004582

1. Entity Name
OUTRAGEOUS PRODUCTIONS GROUP, INC.



Principal Place of Business
8825 BOGGY CREEK ROAD
ORLANDO, FL 32824

Mailing Address
8825 BOGGY CREEK ROAD
ORLANDO, FL 32824



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1329045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOAD, RICHARD J
100 ACADIA TERRACE
CELEBRATION, FL 34747

**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.

000000574801
08/21/06-80003-005 150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PANKALLA, CAROLYN G 201 EASTPARK DRIVE CELEBRATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOAD, CURTIS R 520 CLAREDON AVENUE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOAD, TIMOTHY L 128 EASTPARK DRIVE CELEBRATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOAD, RICHARD J 100 ACADIA TERRACE CELEBRATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFMAN, GEORGE M 1176 SCARLET COURT WESTERVILLE, OH
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #