

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90378 034 ***150.00

DOCUMENT # F02000004601

1. Entity Name
OUTDOOR CENTRAL, INC.



Principal Place of Business
**238 MADISON STREET
JEFFERSON CITY, MO 65101**

Mailing Address
**238 MADISON STREET
JEFFERSON CITY, MO 65101**

40051291



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

(Central Bank)
Parent Co.

CR2E034 (11/05)

4. FEI Number
43-0875002

2042 94415

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|--|
| TITLE | CF | <input checked="" type="checkbox"/> Delete |
| NAME | BAKER, PHILIP D | |
| STREET ADDRESS | 238 MADISON STREET | |
| CITY-ST-ZIP | JEFFERSON CITY, MO 65101 | |
| TITLE | VCS | <input type="checkbox"/> Delete |
| NAME | PERDUE, DONALD | |
| STREET ADDRESS | 238 MADISON STREET | |
| CITY-ST-ZIP | JEFFERSON CITY, MO 65101 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERDUE, DONALD | |
| STREET ADDRESS | 238 MADISON ST. | |
| CITY-ST-ZIP | JEFFERSON CITY Mo. 65101 | |
| TITLE | VS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MEDIN, RON | |
| STREET ADDRESS | 238 MADISON ST. | |
| CITY-ST-ZIP | JEFFERSON CITY Mo. 65101 | |
| TITLE | VT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ITTNER, MICHAEL | |
| STREET ADDRESS | 238 MADISON ST. | |
| CITY-ST-ZIP | JEFFERSON CITY, Mo. 65101 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

DON PERDUE

APRIL 6, 2006 573.634.1176

Date

Daytime Phone #