


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2006 8:00 am
Secretary of State


05-09-2006 90065 017 ***150.00

DOCUMENT # F05000007555 1. Entity Name DOTHAN OUTDOOR EQUIPMENT, INC.	
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Principal Place of Business P.O. BOX 1450 DOTHAN, AL 36302-1450	Mailing Address P.O. BOX 1450 DOTHAN, AL 36302-1450
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DO NOT WRITE IN THIS SPACE

66018313



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1008969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**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.

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

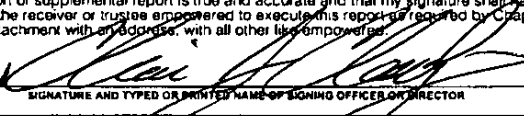
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARDY, CHRIS 145 GILLEY MILL ROAD WEBB, AL 36376
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNNING, JAMES M 2428 N. RANGE STREET DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  6-12-06 334-671-1475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #