

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F05000007555

5. Entity Name  
DOOTHAN OUTDOOR EQUIPMENT, INC.



Principal Place of Business  
P.O. BOX 1450  
DOOTHAN, AL 36302-1450

Mailing Address  
P.O. BOX 1450  
DOOTHAN, AL 36302-1450

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

05-09-2006 90065 017 \*\*\*150.00

66018913



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1008969	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

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 P  
NAME CLARDY, CHRIS  
STREET ADDRESS 145 GILLEY MILL ROAD  
CITY-ST-ZIP WEBB, AL 38376

TITLE S  
NAME DUNNING, JAMES M  
STREET ADDRESS 2428 N. RANGE STREET  
CITY-ST-ZIP DOOTHAN, AL 36301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

61206 1331-671-1475  
Date Daytime Phone #