

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # F26422

1. Entity Name
OUTDOOR OUTFITTERS, INC.



Principal Place of Business

**2965 W ST RD 84
FORT LAUDERDALE, FL 33312-4823 US**

Mailing Address

**2965 W ST RD 84
FT LAUDERDALE, FL 33312 US**



01082008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2101658

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**IRVINE, GEORGE M III
2965 W. STATE ROAD #84
FORT LAUDERDALE, FL 33312**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	IRVINE, GEORGE M JR.
STREET ADDRESS	2965 W.STATE RD.#84
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	V
NAME	COLLER, SCOT M
STREET ADDRESS	2965 W STATE RD 84
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	P
NAME	IRVINE, GEORGE M III
STREET ADDRESS	2965 W. STATE ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/08-80001-013 158.75

**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: SCOT M. COLLIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08
Date

954-587-8400 x 114
Daytime Phone #