

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90546 042 ***150.00

DOCUMENT # H08968 1. Entity Name PRIDE OUTDOOR PRODUCTS GROUP, INC.					
Principal Place of Business 3931 SW 30 AVENUE FORT LAUDERDALE, FL 33312 US			Mailing Address P. O. BOX 100936 FT. LAUDERDALE, FL 33310 US		
2. Principal Place of Business 3931 SW 30 Avenue		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hollywood, FL		City & State		4. FEI Number 59-2432829	
Zip 33312		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWSKY, JAMIE 3931 SW 30 AVENUE FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3931 SW 30 Avenue Hollywood, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOWSKY, STEVE 3931 SW 30 AVENUE FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3931 SW 30 Avenue Hollywood, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOWSKY, STEVE 3931 SW 30 AVENUE FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3931 SW 30 Avenue Hollywood, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Steve Lowsky V.P.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/15/05</u> Daytime Phone # <u>954 735 9800</u>		