

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90085 004 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # L04665 1. Entity Name OUTDOOR TECH., INC. | | | |
| Principal Place of Business % DAVID PAUL TARVER 6791 PROCTOR RD TALLAHASSEE, FL 32308 | | Mailing Address % DAVID PAUL TARVER 6791 PROCTOR RD TALLAHASSEE, FL 32308 | |
| 2. Principal Place of Business - No P.O. Box # David Paul Tarver Suite, Apt. #, etc. 6791 Proctor Rd City & State Tallahassee, FL Zip 32309 Country | | 3. Mailing Address David Paul Tarver Suite, Apt. #, etc. 6791 Proctor Rd City & State Tallahassee, FL Zip 32309 Country | |
| 4. FEI Number 59-2959465 | | 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 TARVER, DAVID PAUL 6791 PROCTOR RD TALLAHASSEE, FL 32308 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32309 | |
| 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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DP TARVER, DAVID PAUL 6791 PROCTOR RD TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>David Paul Tarver</i> | | Date 1-16-08 Daytime Phone # 850-668-2353 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |