

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62270

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: CANOE OUTPOST OF HIGH SPRINGS, INC.

## Current Principal Place of Business:

% SARA JANE WOOD  
P O BOX 592  
HIGH SPRINGS, FL 32643

## New Principal Place of Business:

2025 NW SANTA FE BLVD  
HIGH SPRINGS, FL 32643

## Current Mailing Address:

% SARA JANE WOOD  
P O BOX 592  
HIGH SPRINGS, FL 32643

## New Mailing Address:

P O BOX 592  
HIGH SPRINGS, FL 32643

FEI Number: 59-3002309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOD, JAMES A  
2025 NW SANTA FE BLVD  
HIGH SPRINGS, FL 32643 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOOD, JAMES A.  
Address: P.O. BOX 592, HWY 441 SANTA FE RIVER BRDG.  
City-St-Zip: HIGH SPRINGS, FL 32655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition  
Name: WOOD, JAMES A  
Address: 2025 NW SANTA FE BLVD  
City-St-Zip: HIGH SPRINGS, FL 32655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. WOOD

MR

01/23/2009

Electronic Signature of Signing Officer or Director

Date