

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001600

FILED  
Jul 22, 2009  
Secretary of State

**Entity Name:** CROSS HEIR OUTFITTERS, INC.

**Current Principal Place of Business:**

705 CRAVEN ST NE  
BRANFORD, FL 32008

**New Principal Place of Business:**

**Current Mailing Address:**

POB 583  
BRANFORD, FL 32008

**New Mailing Address:**

**FEI Number:** 20-8416465      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BRADOW, ROBERT M  
705 CRAVEN ST NE  
BRANFORD, FL 32008      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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: KOON, BRAXTON  
Address: POB 53  
City-St-Zip: BRANFORD, FL 32008

Title: D      ( ) Delete  
Name: MARSETT, TODD  
Address: 23017 SR 247  
City-St-Zip: LAKE CITY, FL 32024

Title: D      ( ) Delete  
Name: KELLER, GORDON  
Address: PO BOX 644  
City-St-Zip: BRANFORD, FL 32008

Title: D      ( ) Delete  
Name: MORRIS, EDWIN  
Address: POB 1483  
City-St-Zip: BRANFORD, FL 32008

Title: D      ( ) Delete  
Name: LEWIS, BRIAN  
Address: 137 SE LAND RD  
City-St-Zip: BRANFORD, FL 32008

Title: D      ( ) Delete  
Name: DERRINGER, DAVID  
Address: 7160 300TH STREET  
City-St-Zip: BRANFORD, FL 32008

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B. KOON

PRES

07/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date