

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001600

FILED  
Apr 27, 2010  
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:**

302 PLANT AVE SW  
BRANFORD, FL 32008

**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 ( )**

**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:**

BRADOW, ROBERT M  
302 PLANT AVE SW  
BRANFORD, FL 32008 US

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:

04/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BRAXTON KOON

P

04/27/2010

Electronic Signature of Signing Officer or Director

Date