


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90083 007 ****61.25

DOCUMENT # N1 1662			
1. Entity Name OUTPOST MISSION, INC.		Principal Place of Business 311 ELLINGTON STREET C/O DONALD T. CLARKE, SR. PORT CHARLOTTE FL 33593	
2. Principal Place of Business 11922 S.E. County Rd 763 Suite, Apt. #, etc. C/o Donald T. Clarke, Sr. City & State Arcadia, FL Zip 34266		3. Mailing Address 311 ELLINGTON STREET C/O DONALD T. CLARKE, SR. PORT CHARLOTTE FL 33593 11922 S.E. County Rd 763 Suite, Apt. #, etc. 40 Donald T. Clarke, Sr. City & State Arcadia, FL Zip 34266	
4. FEI Number 59-2605270		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 CLARKE, DONALD T, SR 311 ELLINGTON ST PORT CHARLOTTE FL 33593		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11922 S.E. County Rd. 763 Arcadia City FL Zip Code 34266	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, DONALD T 311 ELLINGTON ST PORT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11922 S.E. County Rd. 763 Arcadia, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARKE, FAY L 311 ELLINGTON ST PORT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11922 S.E. County Rd. 763 Arcadia, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES WALSH, BOB 2100 KINGS HWY #261 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATDORF, KURVIN POTTSVILLE STREEET HERNDON PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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>Jayd Clarke</u> <u>Fay L. Clarke</u>		Date: <u>1-27-04</u> Daytime Phone #: <u>863 993 3294</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			