

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000868
1. Entity Name
EVERGLADES OUTPOST, INC.



Principal Place of Business 35601 SW 192 AVE FLORIDA CITY, FL 33034 US	Mailing Address 35601 SW 192ND AVE HOMESTEAD, FL 33034 US
--	---

DO NOT WRITE IN THIS SPACE



03252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0503733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FREER, ROBERT W JR
35601 SW 192 AVE
FLORIDA CITY, FL 33034

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000105749
04/07/04-80038-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREER, ROBERT W JR 35601 SW 192ND AVE HOMESTEAD, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TANSEY, BARBARA 1021 S. BISCAYNE RIVER DR. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, MELISSA 35601 SW 192ND AVE HOMESTEAD, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANSEY, III T 1021 S BISCAYNE RIVER DR MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, DONALD 35601 SW 192 AVENUE FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUCETT, JOHN 35601 SW 192ND AVE HOMESTEAD, FL 33034

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Freer* **Robert Freer** *2 Apr 04* **3052478000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #