

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000868

FILED
Apr 30, 2006
Secretary of State

Entity Name: EVERGLADES OUTPOST, INC.

Current Principal Place of Business:

35601 SW 192 AVE
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

35601 SW 192ND AVE
HOMESTEAD, FL 33034 US

New Mailing Address:

FEI Number: 65-0503733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREER, ROBERT W JR
35601 SW 192 AVE
FLORIDA CITY, FL 33034 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: DP () Delete
Name: FREER, ROBERT W JR
Address: 35601 SW 192ND AVE
City-St-Zip: HOMESTEAD, FL 33034

Title: DV () Delete
Name: TANSEY, BARBARA
Address: 1021 S. BISCAYNE RIVER DR.
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: POWERS, MELISSA
Address: 35601 SW 192ND AVE
City-St-Zip: HOMESTEAD, FL 33034

Title: D () Delete
Name: BARRY, TIM
Address: 35601 SW 192ND AVE
City-St-Zip: HOMESTEAD, FL 33034

Title: D () Delete
Name: TANSEY, THOMAS 111
Address: 1021 SO. BISCAYNE RIVER DR.
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: KILLIAN, ALBERT
Address: 35601 SW 192 AV
City-St-Zip: HOMESTEAD, FL 33034

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
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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 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: ROBERT W. FREER JR.

DP

04/30/2006

Electronic Signature of Signing Officer or Director

Date