2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

of the corporation or the receiver or changed, or on an attachment with

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Apr 15, 2005 08:00 AM DOCUMENT # P00000060421 **Secretary of State** 1. Entity Name GILCHRIST OUTFITTERS, INC. - Mailing Address Principal Place of Business. 360 CENTRAL AVENUE 3300 S.E. 4TH PLACE TRENTON, FL 32693 ST. PETERSBURG, FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 Cha-P CR2E034 (10/03) 4. FE! Number Applied For City & State City & State 59-3655859 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUBAKER, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVENUE SAINT PETERSBURG, FL 33701 Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **QEFICERS AND DIRECTORS** 10. 11. ΟP THE ☐ Addition Change. TITLE Delete . BRUBAKER, RICHARD M NAME NAME STREET ADDRESS STREET ADDRESS 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701 CITY-SI-ZIP CITY - ST- ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE TITLE NAME NAME U00000307573 04/15/05-80057-025 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 incloated on this report or supplemental report structure 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 an appears to be entered or on an attachment within a corporation of the corporation of the receiver of the entered or on an attachment within a corporation of the entered or on an attachment within a corporation of the entered or on an attachment within a corporation of the entered or on a state of the entered or on the entered or on a state of the entered or on a state of th

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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