


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State


01-27-2005 90056 036 ***150.00

DOCUMENT # P00000072329	
1. Entity Name DG OUTDOOR, INC.	

Principal Place of Business 7561 A1A S ST. AUGUSTINE, FL 32080	Mailing Address 7561 A1A S ST. AUGUSTINE, FL 32080
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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50007415



01222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3718469	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 GRIFFIN, TERESA D 4229 BRADFISCH LN SAINT AUGUSTINE, FL 32086	
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7. Name and Address of New Registered Agent Name: <u>Teresa D. Griffin</u> Street Address (P.O. Box Number is Not Acceptable): <u>7561 A1A South</u> <u>St. Augustine</u> City: <u>FL</u> Zip Code: <u>32080</u>	
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: <u>Teresa D. Griffin</u> <small>Signature, typed or printed name of registered agent and Agent applicable.</small>	DATE: <u>1/22/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, TERESA D 4229 BRADFISCH LANE ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Griffin, Teresa D. 7561 A1A South St. Augustine, FL 32080 <input checked="" 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
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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 607, 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: Teresa Griffin Teresa Griffin Pres. 1/22/05 904-460-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #