## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 31, 2005 08:00 AM DOCUMENT # P00000+5752 **Secretary of State** 1. Entity Name OUTBACK PROPERTIES, INC. Principal Place of Business Mailing Address 618 W KING ST QUINCY FL 32351 618 W KING ST QUINCY FL 32351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 59-3693057 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLOURNOY, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) 618 W KING ST QUINCY FL 32351 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. UDF ח Delete HILE Change Addition NAME FLOURNOY, STEPHEN D NAME U00000204637 618 W KING ST STREET ADDRESS STREET ADDRESS 01/31/05-80012-021 150.00 CITY - ST - ZIP **QUINCY FL 32351** CHTY-ST-7IP HILE ☐ Detete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIF TITLE ☐ Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Defete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CRIY-SE-7IP CITY-ST-ZIP THE ☐ Delete DHE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete PATE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP 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)(1), 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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

SIGNATURE:

**FILED**