

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90026 014 ***150.00

DOCUMENT # P01000022678



1. Entity Name

SOPCHOPPY OUTFITTERS/BACKWOODS ADVENTURES, INC.

Principal Place of Business

**106 MUNICIPAL AVE
SOPCHOPPY FL 32358
US**

Mailing Address

**P.O. BOX 217
SOPCHOPPY FL 32358
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3295251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERCE, DAVID E
P.O. BOX 99
SOPCHOPPY FL 32358**

*Correct
mail
Address*

Name

Street Address (P.O. Box Number is Not Acceptable)

430 Buckhorn Ck Rd

City

Sopchoppy

FL

Zip Code

32358

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]

(NOTE: Registered Agent signature required when reinstating)

David E Pierce

3/27/5

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SEIDLER, ROBERT**
STREET ADDRESS **191 PINE LN**
CITY-ST-ZIP **CRAWFORDVILLE FL 32328**

TITLE **ST** ☐ Delete
NAME **PIERCE, DAVID**
STREET ADDRESS **P.O. BOX 99**
CITY-ST-ZIP **SOPCHOPPY FL 32358**

TITLE **V** ☐ Delete
NAME **MARTIN, NELSON**
STREET ADDRESS **191 PINE LANE**
CITY-ST-ZIP **CRAWFORDVILLE FL 32328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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 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:

[Signature]
David E Pierce

3/26/5

Date

(850) 528-1650

Daytime Phone #