

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90062 031 ***150.00

DOCUMENT # P01000037026 1. Entity Name OUTLAW LEATHER & CHROME, INC.					
Principal Place of Business 918 N. MAGNOLIA OCALA, FL 34475			Mailing Address P.O. BOX 160 OCALA, FL 34478		
2. Principal Place of Business 4885 N HIGHWAY 441			3. Mailing Address 3969 NE 67TH TERRACE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State OCALA, FLORIDA			City & State SILVER SPRINGS, FL		
Zip 34475		Country MARION		Zip 34488	
Country MARION		4. FEI Number 65-1098090			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GIBSON, BOBBY L 918 N. MAGNOLIA OCALA, FL 34475			7. Name and Address of New Registered Agent Name Gibson Bobby L Street Address (P.O. Box Number is Not Acceptable) 3969 N.E. 67TH TERRACE City SILVER SPRINGS FL Zip Code 34488		
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 acc the obligations of registered agent. SIGNATURE: <u><i>Bobby Gibson</i></u> <u><i>Bobby Gibson</i></u> <u><i>4-9-04</i></u> 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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, BOBBY 918 N. MAGNOLIA OCALA, FL 34475 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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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 changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>Bobby Gibson</i></u> <u><i>Bobby Gibson</i></u> <u><i>Pres.</i></u>					