


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90012 039 ***150.00

DOCUMENT # P01000060670

1. Entity Name
 SOUTH RIVER OUTFITTERS, INC.



Principal Place of Business
 7645 LOST RIVER RD
 STUART, FL 34997

Mailing Address
 7645 LOST RIVER RD
 STUART, FL 34997 US

2. Principal Place of Business
 7647 Lost River Rd

3. Mailing Address
 600 Stypmann Blvd

Suite, Apt. #, etc.

City & State
 Stuart FL


City & State
 Stuart, FL FL

Zip
 34997

Country
 Martin

Zip
 34994

Country
 Martin



02122004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-1119264

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOUT, EDGAR F
 600 STYPMANN BOULEVARD
 STUART, FL 34994

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 P NAME STOUT, SUZANNE STREET ADDRESS 600 STYPMAN BLVD CITY-ST-ZIP STUART, FL 34994	<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: Suzanne Alley Stout, Pres. 2/2/04 260 5306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #