## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

## DOCUMENT # P01000075747 **Secretary of State** 01-24-2007 90046 013 \*\*\*150.00 CRACKER BOYS OUTDOORS, INC. Mailing Address Principal Place of Business 4508 62 AVE N PINELLAS PARK FL 33781 4508 62 AVE N PINELLAS PARK FL 33781 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3739423 Not Applicable Zip Country 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 BALL, FRANK A JR Street Address (P.O. Box Number is Not Acceptable) 4508 62 AVE N PINELLAS PARK FL 33781 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, Wood or printed name of registered agent and title it 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, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. sec PIES Treas Frank (a Ball )X ח ШÜ □ Change 11111 Delete BALL, FRANK A JR NAMI NAMI 4508 62 AVE N STRUET ADDRESS SHILLLADDRESS Y508-62 AVN PINELLAS PAIK HOOM PINELLAS PARK FL 33781 CHY ST-ZIP CITY ST ZIP Fresident sec, Tree Frankasall JX 4508-62 AV A Anellas Park K ШН NAML NAMI STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY ST-7IP пш HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY SI ZIP ☐ Delete ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST /IP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST ZIP ☐ Delete шп ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath; 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

president

Date

FILED

Jan 24, 2007 8:00 am