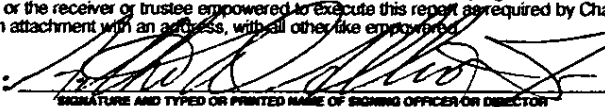


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90067 047 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                                        |                                                                                                                                                                                                                                |                                                                                                    |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000018599</b><br>1. Entity Name<br><b>MOSQUITO LAGOON OUTFITTERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                                                                                        |                                                                                                                                                                                                                                |                   |                                                                              |
| Principal Place of Business<br><b>22 NORTH WASHINGTON AVENUE<br/>BREVARD, FL 32796</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |                                                                                                                        | Mailing Address<br><b>22 NORTH WASHINGTON AVENUE<br/>BREVARD, FL 32796</b>                                                                                                                                                     |                                                                                                    |                                                                              |
| 2. Principal Place of Business<br><b>205 Palmetto Concourse</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         | 3. Mailing Address<br><b>205 Palmetto Concourse</b><br>Suite, Apt. #, etc.                                             |                                                                                                                                                                                                                                |                                                                                                    |                                                                              |
| City & State<br><b>Longwood FLA.</b><br>Zip <b>32779</b> Country <b>U.S.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | City & State<br><b>Longwood FLA.</b><br>Zip <b>32779</b> Country <b>U.S.A.</b>                                         |                                                                                                                                                                                                                                | 4. FEI Number<br><b>01-0608782</b>                                                                 |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                                        |                                                                                                                                                                                                                                | Applied For<br>Not Applicable                                                                      |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>TAYLOR, RICHARD<br/>3150 N. WICKHAM ROAD<br/>SUITE 3<br/>MELBOURNE, FL 32935</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>Arthur D. Allison Jr</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>205 Palmetto Concourse</b><br>City <b>Longwood</b> <b>FL</b> Zip Code <b>32779</b> |                                                                                                    |                                                                              |
| 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.<br>SIGNATURE <b>Arthur D. Allison Jr (PVP)</b> DATE <b>9-3-05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                     |                                                                                         |                                                                                                                        |                                                                                                                                                                                                                                |                                                                                                    |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.       |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                   |                                                                                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PVP<br><b>COOK, WILLIAM M</b><br><b>1530 HIDDEN WOOD ROAD</b><br><b>COCOA, FL 32926</b> | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | PVP<br><b>Arthur D. Allison Jr</b><br><b>205 Palmetto Concourse</b><br><b>Longwood, FLA. 32779</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ST<br><b>COOK, ELAINE</b><br><b>1630 HIDDEN WOOD ROAD</b><br><b>COCOA, FL 32926</b>     | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | ST<br><b>Deborah L Allison</b><br><b>205 Palmetto Concourse</b><br><b>Longwood FLA. 32779</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 |                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 |                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 |                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |                                                                                         |                                                                                                                        |                                                                                                                                                                                                                                |                                                                                                    |                                                                              |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                                        | Date <b>9-3-05</b> 407-702-5440<br><small>Daytime Phone #</small>                                                                                                                                                              |                                                                                                    |                                                                              |