

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P02000018599 1. Entity Name MOSQUITO LAGOON OUTFITTERS, INC.	
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Principal Place of Business 205 PALMETTO CONCOURSE LONGWOOD, FL 32779	Mailing Address 205 PALMETTO CONCOURSE LONGWOOD, FL 32779
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04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0608782	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLISON, JR. ARTHUR D 205 PALMETTO CONCOURSE LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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: 

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-07

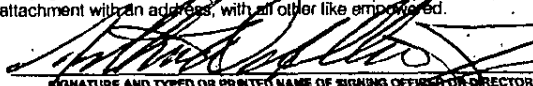
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP ALLISON, JR. ARTHUR D 205 PALMETTO CONCOURSE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLISON, DEBORAH L 205 PALMETTO CONCOURSE LONGWOOD, FL 32779
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**DO NOT WRITE
IN THIS SPACE**

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05/23/07-80056-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 an other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07