


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90117 009 ***150.00

DOCUMENT # P02000072281 1. Entity Name OUTBOUND PRODUCT DEVELOPMENT INC.					
Principal Place of Business 3165 LANDMARK DR #713 CLEARWATER, FL 33761			Mailing Address 3165 LANDMARK DR #713 CLEARWATER, FL 33761		
2. Principal Place of Business 312 BAY ARBOR BLVD Suite, Apt. #, etc.		3. Mailing Address 312 BAY ARBOR BLVD Suite, Apt. #, etc.			
City & State OLDSMAR FL		City & State OLDSMAR FL		4. FEI Number 47-0874149	
Zip 34677		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, TIMOTHY M 3165 LANDMARK DR #713 CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 312 BAY ARBOR BLVD City OLDSMAR FL Zip Code 34677		
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 <u><i>Timothy M. Taylor</i></u> TIMOTHY M. TAYLOR 7-2-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, TIMOTHY M 3165 LANDMARK DR #713 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 312 BAY ARBOR BLVD OLDSMAR FL 34677		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, BRENDA N 3165 LANDMARK DR #713 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 312 BAY ARBOR BLVD OLDSMAR FL 34677		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <u><i>Timothy M. Taylor</i></u> TIMOTHY M. TAYLOR 7-2-04 727 480 1539 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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