

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P02000131960**

1. Entity Name

OCKLAWAHA CANOE OUTPOST & RESORT, INC.



Principal Place of Business

15260 N.E. 152ND PLACE  
FORT MCCOY, FL 32134

Mailing Address

15260 N.E. 152ND PLACE  
FORT MCCOY, FL 32134

FILED  
04 MAY 10 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03052003 No Chg-P CR2E034 (10/03)

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4. FEI Number  
02-0657309

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLD, GWEN  
15260 N.E. 152ND PLACE  
FORT MCCOY, FL 32134

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLD, GWEN
STREET ADDRESS	15260 N.E. 152ND PLACE
CITY-ST-ZIP	FORT MCCOY, FL 32134
TITLE	VP
NAME	FINNERTY, THOMAS
STREET ADDRESS	15260 NE 152ND. PL.
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700037046017  
05/24/04--01083--008 \*\*155.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Gwen Gold* March 11, 2004 352-236-4606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #