

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-15-2004 90036 044 ***150.00

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1. Entity Name

CAPE SOUND OUTFITTERS, INC.



Principal Place of Business

315 NW 38 AVE
CAPE CORAL FL 33993

Mailing Address

315 NW 38 AVE
CAPE CORAL FL 33993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

0015893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMSON, HUGH M III
315 NW 38 AVE
CAPE CORAL FL 33993

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WILLIAMSON, HUGH M
STREET ADDRESS 315 NW 38 AVE
CITY-ST-ZIP CAPE CORAL FL 33993
President

TITLE CHADBY WESTPHAL
NAME 3949 EVANS AVE #205
STREET ADDRESS FT MYERS FL 33901
CITY-ST-ZIP
Vice President

TITLE PSTD
NAME FERNANDEZ, AL
STREET ADDRESS 3712 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPE CORAL FL 33904
Secretary

TITLE MICHAEL MATTHEW HAMILTON
NAME 3949 EVANS AVE #205
STREET ADDRESS FT MYERS FL 33901
CITY-ST-ZIP
Treasurer

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

Daytime Phone #