
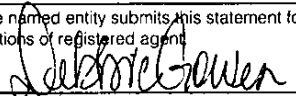
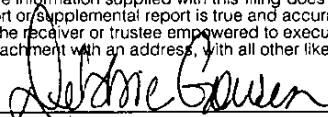


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90017 042 ***150.00

DOCUMENT # P03000042475 1. Entity Name SOUTHERN OUTFITTERS, INC.					
Principal Place of Business 1060 STAGHORN ST WELLINGTON, FL 33414			Mailing Address 1060 STAGHORN ST WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box # 7805 92 COURT Suite, Apt. #, etc.		3. Mailing Address 7805 92 COURT Suite, Apt. #, etc.			
City & State VERO BEACH FL Zip 32967		City & State VERO BEACH FL Zip 32967		4. FEI Number 33-1057110	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04112008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GOWEN, JONATHAN B 1060 STAGHORN ST WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Gowen Jonathan B Street Address (P.O. Box Number is Not Acceptable) 7805 92 COURT City VERO BEACH FL Zip Code 32967		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOWEN, JONATHAN B 1060 STAGHORN ST WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gowen Jonathan B 7805 92 COURT VERO BEACH FL 32967
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOWEN, DEBBIE H 1060 STAGHORN ST WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Gowen Debbie H 7805 92 COURT VERO BEACH FL 32967
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					