

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106767

FILED
Apr 20, 2006
Secretary of State

Entity Name: CULINARY OUTFITTERS, INC.

Current Principal Place of Business:

11 S DIXIE HWY UNIT 9D & 9E
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

3304 SHORE DR
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-0337787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, J. STEPHEN ESQUIRE
19 OLD MISSION AVE
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PRITCHARD, MARY MARGARET
Address: 3304 SHORE DR
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DV () Delete
Name: PRITCHARD, LYSLE EDWARD
Address: 3304 SHORE DR
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY M PRITCHARD

DP

04/20/2006

Electronic Signature of Signing Officer or Director

Date