

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000106767

**FILED**  
**Jan 14, 2012**  
**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY M PRITCHARD

PRES

01/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date