2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# P04000030147

Entity Name: IRON HORSE OUTFITTERS INC.

Current Principal Place of Business:

14521 BEACH BLVD
JACKSONVILLE, FL 32250 US

New Principal Place of Business:

10335 HOMARD BLVD NORTH
JACKSONVILLE, FL 32225 US

Current Mailing Address:

14521 BEACH BLVD
JACKSONVILLE, FL 32250 US

New Mailing Address:

10335 HOMARD BLVD NORTH
JACKSONVILLE, FL 32225 US

FEI Number: 32-0107774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOLZ, DONNA M
10151 DEERWOOD PARK BLVD
BLDG 200 SUITE 300
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

SCHOLZ, DONNA M
10151 DEERWOOD PARK BLVD
BLDG 200 SUITE 400
JACKSONVILLE, FL 32256 US

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: DONNA SCHOLZ 02/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHOLZ, GARY R
Address: 12462 HARBOR WINDS DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: CEO (X) Delete
Name: SCHOLZ, GARY R
Address: 12462 HARBOR WINDS DR NORTH
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHOLZ, GARY R
Address: 10335 HOMARD BLVD NORTH
City-St-Zip: JACKSONVILLE, FL 32225 US

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 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 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: GARY R SCHOLZ P 02/15/2005
Electronic Signature of Signing Officer or Director Date