2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032513

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LARGO, FL 33771

COVERT, JUDITH

LARGO, FL 33771

() Delete

1200 STARKEY ROAD #110

FILED Apr 13, 2009 Secretary of State

Entity Nar	ne: OUTD	OOR KITCHEN STORE, INC.					
Current P	rincipal Pla	ce of Business:	New Prin	New Principal Place of Business:			
1200 STAF SUITE 110 LARGO, F)					
Current M	ailing Addı	ress:	New Mail	New Mailing Address:			
1200 STAF SUITE 110 LARGO, F)					
FEI Number:	20-0773160	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address o	f Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1801 PEPF OLDSMAR	HOWARD (PER TREE [R, FL 34677	DRIVE US	numpeo of changing	ito rogiotoro	d office or registered agent or b	ath	
	named entile of Florida.	ty submits this statement for the	e purpose of changing	its registere	ed office or registered agent, or b	otn,	
SIGNATUR	RE:						
	Electr	onic Signature of Registered A	gent		Date		
Election Car	npaign Financ	cing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BUCK, RON	(EY ROAD, SUITE 110	Title: Name: Address: City-St-Zip:		(X) Change()Addition NALD G KEY ROAD, SUITE 110 . 33771 US		
Title: Name: Address: City-St-Zip:	GLASS, ROI	(EY ROAD, SUITE 110	Title: Name: Address: City-St-Zip:	D MILROY, R 1200 STAR LARGO, FL	KEY ROAD, SUITE 110		
Title: Name: Address:	POULIOT, K	()Delete EITH (EY ROAD #110	Title: Name: Address:	D PAULDICK 3390 MAST	(X) Change()Addition , B. 'ERS DRIVE		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CLEARWATER, FL 33761

() Change () Addition

SIGNATURE: RONALD G BUCK DPST 04/13/2009