

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90025 031 ***158.75

DOCUMENT # P04000064968 1. Entity Name BACKWATER OUTFITTERS, INC.			
Principal Place of Business 218 SW 44TH TERRACE CAPE CORAL, FL 33914		Mailing Address 218 SW 44TH TERRACE CAPE CORAL, FL 33914	
2. Principal Place of Business 1730 CAPE CORAL PKWY EAST Suite, Apt. #, etc.		3. Mailing Address 1730 CAPE CORAL PKWY EAST Suite, Apt. #, etc.	
City & State CAPE CORAL, FL. 33904 Country USA		City & State CAPE CORAL, FL. 33904 Country USA	
4. FEI Number 52-2442638		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DORAGH, PETE 4415 METRO PARKWAY, SUITE 325 FORT MYERS, FL 33916		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PSD CATRON, STEVEN J 218 SW 44TH TERRACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CATRON, ROBIN A 218 SW 44TH TERRACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: STEVEN J. CATRON		4/6/05 239-541-2532 <small>Date Daytime Phone #</small>	