

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90090 002 ***150.00

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DOCUMENT # P04000103874 1. Entry Name OUTDOORS UNLIMITED OF FLORIDA, INC.																																																																																																
Principal Place of Business 1000 DAKOTA AVENUE ST. CLOUD, FL 34769		Mailing Address 1000 DAKOTA AVENUE ST. CLOUD, FL 34769																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 700611																																																																																														
City & State St. Cloud, FL		City & State St. Cloud, FL																																																																																														
Zip 34770-0611		Zip 34770-0611																																																																																														
Country		Country																																																																																														
4. FEI Number 113724233		Applied For <input type="checkbox"/> Not Applicable																																																																																														
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																														
6. Name and Address of Current Registered Agent TIFFANY, CHARLES B ESQ. 112 N. CLYDE AVENUE KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																														
8. The above named person 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 a registered agent.																																																																																																
SIGNATURE _____ <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																														
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">NAME</td> <td style="width: 40%;">CEO ELAM, RICHARD L JR</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 DAKOTA AVENUE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>ST. CLOUD, FL 34769</td> <td></td> </tr> <tr> <td>NAME</td> <td>P</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STAPP, JEREMY M</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>1000 DAKOTA AVENUE</td> <td></td> </tr> <tr> <td>NAME</td> <td>VP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOX, AARON J</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>1000 DAKOTA AVENUE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change</td> <td style="text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change</td> <td style="text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change</td> <td style="text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>				NAME	CEO ELAM, RICHARD L JR	<input type="checkbox"/> Delete	STREET ADDRESS	1000 DAKOTA AVENUE		CITY-STATE-ZIP	ST. CLOUD, FL 34769		NAME	P	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	STAPP, JEREMY M		CITY-STATE-ZIP	1000 DAKOTA AVENUE		NAME	VP	<input type="checkbox"/> Delete	STREET ADDRESS	BOX, AARON J		CITY-STATE-ZIP	1000 DAKOTA AVENUE		NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP			NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP			TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	STREET ADDRESS				CITY-STATE-ZIP				TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	STREET ADDRESS				CITY-STATE-ZIP				TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	STREET ADDRESS				CITY-STATE-ZIP				TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	STREET ADDRESS				CITY-STATE-ZIP			
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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: <u>Richard W Elam Jr.</u> 4-30-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																