

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114893

FILED
Apr 11, 2006
Secretary of State

Entity Name: PROTECTIVE OUTFITTERS, INC.

Current Principal Place of Business:

660 EAGLE DRIVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6553
DELRAY BEACH, FL 334826553

New Mailing Address:

P.O. BOX 7291
DELRAY BEACH, FL 334827291

FEI Number: 20-1470955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNON, GRAHAM N
660 EAGLE DRIVE
DELRAY BEACH, FL 33444 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCKINNON, GRAHAM N
Address: 660 EAGLE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: GOLBE, SETH
Address: 3780 MAX PLACE #202
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: MCKINNON, JONATHAN S
Address: 14701 SHIPWATCH TRACE #1956
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: AURAN, LORAINE
Address: 7276 CHESAPEAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: GOMBERG, DOLLIE
Address: 301 CAMBRIDGE RD. #104
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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.

SIGNATURE: GRAHAM N. MCKINNON

D

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date