

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163530

Entity Name: ENHANCE OUTDOOR SUPPLY, INC.

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

5050-1 ELINOR RD.  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**  
5050-1 ELINOR RD.  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 05-0613265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUIDI, DENNIS E  
1837 HENDRICKS AVE.  
JACKSONVILLE, FL 32207 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: PTD ( ) Delete  
Name: GUIDI, DAVID E  
Address: 5050 ELINOR RD.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VSD ( ) Delete  
Name: WAMPLER, SHAWN  
Address: 5050 ELINOR RD.  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DAVID E GUIDI

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date