



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90295 028 ***150.00

DOCUMENT # P05000015793					
1. Entity Name ALL FLORIDA OUTDOORS, INC.					
Principal Place of Business 537 DESOTO AVE. DELEON SPRINGS, FL 32130			Mailing Address 537 DESOTO AVE. DELEON SPRINGS, FL 32130		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04282006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-2297288				<input type="checkbox"/> 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 THOMAS, LOUIS 537 DESOTO AVE. DELEON SPRINGS, FL 32130			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME THOMAS, LOUIS		<input type="checkbox"/> Delete		
STREET ADDRESS 537 DESOTO AVE	STREET ADDRESS 537 Desoto Ave.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP DELEON SPRINGS, FL 32130	CITY-ST-ZIP Deleon Springs, FL. 32130		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME KNOWLES, MIKE		<input type="checkbox"/> Delete		
STREET ADDRESS 537 DESOTO AVE	STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP DELEON SPRINGS, FL 32130	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4-28-06 386-804-1847		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		