


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90187 035 \*\*\*150.00

**DOCUMENT # P06000017768**

1. Entity Name  
**OUTDOOR IDEAS, INC.**



Principal Place of Business  
**23600 SR 54**  
**SUITE D**  
**LUTZ, FL 33559 US**

Mailing Address  
**23600 SR 54**  
**SUITE D**  
**LUTZ, FL 33559 US**

**40002340**



2. Principal Place of Business - No P.O. Box #  
**23606 SR 54**

3. Mailing Address  
**23606 SR 54**

Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State  
**Lutz FL**

City & State  
**Lutz FL**

Zip  
**33559**

Country  
**USA**

4. FEI Number  
**141948398**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COPELAND, MICHAEL A**  
**3416 CHAPEL CREEK CIRCLE**  
**WESLEY CHAPEL, FL 33543**

7. Name and Address of New Registered Agent

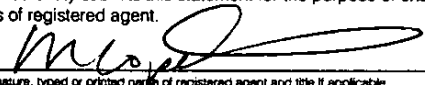
Name  
**Michael A Copeland**

Street Address (P.O. Box Number is Not Acceptable)  
**3904 Sorrel Vine Drive**

City  
**Wesley Chapel FL**

Zip Code  
**33543**

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:  DATE: **1/10/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COPELAND, MICHAEL A 3416 CHAPEL CREEK CIRCLE WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDY, STEPHEN G 5811 PHOEBENEST DRIVE LITHIA, FL 33547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael A Copeland 3904 Sorrel Vine Drive Wesley Chapel FL 33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:  DATE: **1/10/07** DAYTIME PHONE #: **813 948 0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR