2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90033 037 ***150.00

DOCUMENT # P06000131134

1. Entity Name
PROPANE OUTFITTERS, INC.

Principal Place of Business	Mailing Address
9530 GLADIOLUS PRSERVE CIRCLE FT MYERS, FL 33908	C/O ROBERT D. ROYSTON, JR., ESQ. PO DRAWER 60205 FT MYERS, FL 33906

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01182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
225 NE 31ST TERR.	P.O. Drawer 60205
Suite, Apt. #, etc.	Suite, Apt. #, etc. c/o John M. Wicker, P.A.
City & State CAPE CORAL, FL	City & State Fort Myers FL.
Zip 33909 Country	Zip 33906 Country Lee

4. FEI Number 20-5717140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROYSTON, JR.,, ROBERT D ESQ. COSTELLO & ROYSTON, LLP 12670 NEW BRITTANY BLVD, STE 101 FT MYERS, FL 33907	Name: JOHN M. WICKER, P.A. Street Ad: 12670 NEW BRITTANY BLVD., STE 101 City: FORT MYERS, FL 33907 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 [signature] 3/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST NOLAN, NORMA E 9530 GLADIOLUS PRSERVE CIRCLE FT MYERS, FL 33908 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 225 NE 31st Terrace Cape Coral, FL 33909
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NOLAN, MICHAEL J 9530 GLADIOLUS PRSERVE CIRCLE FT MYERS, FL 33908 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 225 NE 31st Terrace Cape Coral, FL 33909
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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: [signature] Michael J. Nolan 3-3-08 239-565-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #