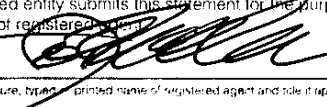
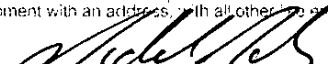


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 9530 GLADIOLUS PRSERVE CIRCLE FT MYERS, FL 33908		Mailing Address C/O ROBERT D. ROYSTON, JR., ESQ. PO DRAWER 60205 FT MYERS, FL 33906	
2. Principal Place of Business - No P.O. Box # 225 NE 31st Terr.		3. Mailing Address 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 ROYSTON, JR., ROBERT D ESQ. COSTELLO & ROYSTON, LLP 12670 NEW BRITTANY BLVD, STE 101 FT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: JOHN M. WICKER, P.A. Street Ad: 12670 NEW BRITTANY BLVD., STE 101 City: FORT MYERS, FL 33907 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:  DATE: 3/14/08			
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: DPST NAME: NOLAN, NORMA E STREET ADDRESS: 9530 GLADIOLUS PRSERVE CIRCLE CITY-ST-ZIP: FT MYERS, FL 33908	☐ Delete	TITLE: 225 NE 31st Terrace NAME: Cgo Coral, FL 33909 STREET ADDRESS: CAPE CORAL, FL 33909 CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: VPD NAME: NOLAN, MICHAEL J STREET ADDRESS: 9530 GLADIOLUS PRSERVE CIRCLE CITY-ST-ZIP: FT MYERS, FL 33908	☐ Delete	TITLE: 225 NE 31st Terrace NAME: Cgo Coral, FL 33909 STREET ADDRESS: CAPE CORAL, FL 33909 CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ 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 information empowered.			
SIGNATURE:  Michael S. Nolan		Date: 3-3-08 239-565-1126	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	