

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-28-2008 90378 040 ***150.00

DOCUMENT # P07000067432 1. Entity Name CRIPPEN OUTFITTING, INC.			
Principal Place of Business 18603 MACH ONE DRIVE FORT PIERCE, FL 34987		Mailing Address 18603 MACH ONE DRIVE FORT PIERCE, FL 34987	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FEE, III, FRANK H ESQ 500 VIRGINIA AVENUE, SUITE 200 FORT PIERCE, FL 34982		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number 26-0344764	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
SIGNATURE Signature, typed or printed name of registered agent and state if applicable (NOT Registered Agent signature required when remaining)		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	D CRIPPEN, SCOTT S 18603 MACH ONE DRIVE FORT PIERCE, FL 34987	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:		Date: 7-26-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 772-461-6909	

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