

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000089321

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA LEGENDS OUTFITTERS, INC.

**Current Principal Place of Business:**

9380 SEAGRAPE DRIVE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

9380 SEAGRAPE DRIVE  
VERO BEACH, FL 32963

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARCADIER, MAURICE  
2815 WEST NEW HAVEN AVE.  
304  
MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WIXON, DON P  
Address: 9380 SEAGRAPE DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: VP  
Name: WIXON, COLLEEN M  
Address: 9380 SEAGRAPE DRIVE  
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DON WIXON

P

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date