

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90031 040 \*\*\*150.00

**DOCUMENT # P21269**

1. Entity Name

OUTDOOR WORLD CORP. - ORLANDO RESORT



Principal Place of Business

ROUTE 209  
BUSHKILL PA 18324

Mailing Address

ROUTE 209  
BUSHKILL PA 18324  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3582665

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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, 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 PD ☐ Delete  
NAME WORTHINGTON, W A  
STREET ADDRESS RT 209  
CITY-ST-ZIP BUSHKILL PA 18324

TITLE AS ☐ Change ☒ Addition  
NAME DONOVAN, RYAN  
STREET ADDRESS 6100 OLD PARK LANE  
CITY-ST-ZIP ORLANDO, FL 32815

TITLE VPT ☐ Delete  
NAME LAVELLE, KEVIN  
STREET ADDRESS RT 209  
CITY-ST-ZIP BUSHKILL PA 18324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME CASALE, THOMAS V  
STREET ADDRESS RT 209  
CITY-ST-ZIP BUSHKILL PA 18324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CASALE, THOMAS V  
STREET ADDRESS RT 209  
CITY-ST-ZIP BUSHKILL PA 18324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Delete  
NAME MCNEESE, JACK L.  
STREET ADDRESS 5 CONCOURSE PKWY  
CITY-ST-ZIP ATLANTA GA

TITLE AS ☐ Change ☒ Addition  
NAME MARK, JONATHAN  
STREET ADDRESS RT 209  
CITY-ST-ZIP BUSHKILL PA 18324

TITLE AS ☐ Delete  
NAME ROGERS, CURTIS J  
STREET ADDRESS RT 209  
CITY-ST-ZIP BUSHKILL PA 18324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Outdoor World Corp.*  
*Thomas V. Casale, Secy.* 2/3/04 570-588-6661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #