

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000028155

Entity Name: OUTFIT TRADING, INC.

**FILED**  
**May 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

237 JOEL BLVD  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN W WICKER, P.A.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906

**New Mailing Address:**

237 JOEL BLVD  
LEHIGH ACRES, FL 33972

FEI Number: 65-0487260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WICKER, JOHN M  
12670 NEW BRITTANY BLVD.  
SUITE 101  
FORT MYERS, FL 33907 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: MALLMANN, PETER  
Address: 237 JOEL BLVD  
City-St-Zip: LEHIGH ACRES, FL 33936

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: PETER MALLMANN

DPST

05/30/2012

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

\_\_\_\_\_  
Date