

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009952

Entity Name: OUTBACK TIME, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

346 KOA RD
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

346 KOA RD
MONTICELLO, FL 32344 US

New Mailing Address:

FEI Number: 59-3287452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINNENWEBER, DICK
346 KOA ROAD
TALLAHASSEE, FL 32344 US

Name and Address of New Registered Agent:

SPINNENWEBER, RICHARD
346 KOA ROAD
MONTICELLO, FL 32344 US

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: RICHARD SPINNENWEBER

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPINNENWEBER, DICK
Address: 346 KOA ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: P () Delete
Name: SPINNENWEBER, JAMES N
Address: 346 KOA ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: VPT () Delete
Name: SPINNENWEBER, CATHERINE
Address: 346 KOA ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: T () Delete
Name: SLANCY, ANN R
Address: 12 CASA BANCA RIDGE
City-St-Zip: MONTICELLO, FL 32345

Title: S () Delete
Name: SPINNENWEBER, CHRISTOPHER W
Address: 346 KOA ROAD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SPINNENWEBER, RICHARD
Address: 346 KOA ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD SPINNENWEBER

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date