

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90035 013 ***150.00

DOCUMENT # P97000065450

1. Entity Name

ISLANDERS' OUTPOST, INC.



Principal Place of Business
4451 POINT HOUSE TRAIL
UPPER CAPTIVA FL 33945

Mailing Address
P.O. BOX 334
PINELAND FL 33945



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0780918**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, GARY S
4451 POINT HOUSE TRAIL
NORTH CAPTIVA FL 33945

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's signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WALKER, GARY S
4241 POINT HOUSE TRAIL
UPPER CAPTIVA FL 33945 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
JARMOSZUK, NICHOLAS
21884 AVALON DRIVE
ROCKY RIVER OH 44116 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP NORMAN WALKER
5073 MILITIA HILL RD
PLYMOUTH MEETING, PA 19462 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
JARMOSZUK, DIANE
21884 AVALON DRIVE
ROCKY RIVER OH 44116 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S GLOVIA Y. QUERY
4809 SANDPIPER DR
ST. JAMES CITY, FL 33956 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
JARMOSZUK, DIANE
21884 AVALON DRIVE
ROCKY RIVER OH 44116 ☒ Delete

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☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07 239-472-3000

Date

Daytime Phone #