

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065450

Entity Name: ISLANDERS' OUTPOST, INC.

FILED  
Aug 25, 2009  
Secretary of State

## Current Principal Place of Business:

4451 POINT HOUSE TRAIL  
UPPER CAPTIVA, FL 33945

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 334  
PINELAND, FL 33945

## New Mailing Address:

FEI Number: 65-0780918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALKER, GARY S  
Address: 4241 POINT HOUSE TRAIL  
City-St-Zip: UPPER CAPTIVA, FL 33945

Title: S ( ) Delete  
Name: QUERY, GIOVIA Y  
Address: 4809 SANDPIPER DR  
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: T ( ) Delete  
Name: QUERY, GIOVIA Y  
Address: 4809 SANDPIPER DR  
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: VP ( ) Delete  
Name: MCKNIGHT, MARY JANE  
Address: 4241 PT HOUSE TRL  
City-St-Zip: PINELAND, FL 33945

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GARY S. WALKER

PRES

08/25/2009

Electronic Signature of Signing Officer or Director

Date