

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000068407

FILED
Mar 29, 2009
Secretary of State

Entity Name: BOCA GRANDE OUTFITTERS, INC.

Current Principal Place of Business:

375 PARK AVENUE
BOCA GRANDE, FL 33921

New Principal Place of Business:

375 PARK AVENUE
BOCA GRANDE, FL 339211799

Current Mailing Address:

P.O. BOX 1799
BOCA GRANDE, FL 33921

New Mailing Address:

P.O. BOX 1799
BOCA GRANDE, FL 339211799 US

FEI Number: 65-0772316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLEMING, SUSAN C
121 1ST STREET
BOCA GRANDE, FL 339212110 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLEMING, WILLIAM T
Address: 375 PARK AVE
City-St-Zip: BOCA GRANDE, FL 339210375

Title: V () Delete
Name: FLEMING, THOMAS A
Address: 375 PARK AVE
City-St-Zip: BOCA GRANDE, FL 339210375

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLEMING, WILLIAM T
Address: 375 PARK AVE
City-St-Zip: BOCA GRANDE, FL 339210375 US

Title: V (X) Change () Addition
Name: FLEMING, THOMAS A
Address: 375 PARK AVE
City-St-Zip: BOCA GRANDE, FL 339210375 US

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: WILLIAM T FLEMING

P

03/29/2009

Electronic Signature of Signing Officer or Director

_____ Date