


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000071817	
1. Entity Name T.J. OUTFITTING, INC.	

Principal Place of Business 9124 GALLUP CIR SPRING HILL, FL 34608	Mailing Address 9124 GALLUP CIR SPRING HILL, FL 34608
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3482949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PASTORE, JOSEPH
9124 GALLUP CIR
SPRING HILL, FL 34608

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000857543 04/01/08-80008-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	NAME PASTORE, JOSEPH
STREET ADDRESS 9124 GALLUP CIR	CITY - ST - ZIP SPRING HILL, FL 34608
TITLE V	NAME PASTORE, ANOTHY
STREET ADDRESS 1335 MAXIMILLION AVE	CITY - ST - ZIP SPRING HILL, FL 34609
TITLE TS	NAME PASTORE, ROBIN
STREET ADDRESS 9124 GALLUP CIR	CITY - ST - ZIP SPRING HILL, FL 34608
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robin Pastore **3/10/08** **(352)** **683-5682**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #