

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000100974

1. Entity Name  
JUPITER OUTDOOR CENTER, INC.



**FILED  
Jul 10, 2008 8:00 am  
Secretary of State**

07-10-2008 90015 050 \*\*\*150.00

Principal Place of Business  
18095 N HWY A1A  
JUPITER, FL 33477

Mailing Address

810 SATURN STREET  
SUITE 20  
JUPITER, FL 33477

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

1000 N HWY A1A

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER FL

City & State

Zip  
33477

Zip

Country

4. FEI Number

65-0798765

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLEGG, RICHARD R  
810 SATURN STREET  
SUITE 20  
JUPITER, FL 33477

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CLEGG, RICHARD R  
810 SATURN STREET, SUITE 20  
JUPITER, FL 33477

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08 (561) 747-0063  
Daytime Phone #