

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064262

FILED
Jan 10, 2011
Secretary of State

Entity Name: OUTHOUSE PORTABLE RESTROOMS, INC.

Current Principal Place of Business:

2820 PLEASURE LANE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

2820 PLEASURE LANE
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3587026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PACETTI, KELLIE B
2820 PLEASURE LANE
ST. AUGUSTINE, FL 32084 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

OFFICERS AND DIRECTORS:

Title: SPD
Name: PACETTI, ALLEN D
Address: 2820 PLEASURE LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DVT
Name: PACETTI, KELLIE B
Address: 2820 PLEASURE LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D
Name: PACETTI, ALLEN W
Address: 2820 PLEASURE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D
Name: PACETTI, BRENT N
Address: 2820 PLEASURE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: KELLIE B. PACETTI

DVT

01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date