

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000099557

1. Entity Name
OUTDOOR*TRAVEL PRODUCTIONS, INC.



Principal Place of Business
7091 LONGBOAT DR E
LONGBOAT KEY, FL 34228

Mailing Address
7091 LONGBOAT DR E
LONGBOAT KEY, FL 34228

FILED
Jan 15, 2004 08:00 AM
Secretary of State



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0982335
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KILLEEN, CHRISTINE
7091 LONGBOAT DR EAST
LONGBOAT KEY, FL 34228

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
CHINNIS, RUSTY D
7091 LONGBOAT DR E
LONGBOAT KEY, FL 34228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECR
KILLEEN, CHRISTINE
7091 LONGBOAT DR E
LONGBOAT KEY, FL 34228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000005033
01/15/04-80035-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christine L. Killeen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/04
Day

Daytime Phone *