

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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**



02072006 No Chg-P CR2E034 (11/05)

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**

**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 *Christine P. Killeen*

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

(NOTE: Registered Agent signature required when re-registering)

Feb 18, 2006

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/10/06 80005-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 recordant 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

2/16/06 *941-383-3880*

Date

Daytime Phone #