

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # S17129

1. Entity Name
OUTDOOR LEISURE ENTERPRISES, INC.



Principal Place of Business
12900 TRAILS END RD
FLORAL CITY, FL 34436 US

Mailing Address
12900 TRAILS END RD
FLORAL CITY, FL 34436 US



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3038963 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VINCENT, DAVE
12900 TRAILS END RD
FLORAL CITY, FL 34436

**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, 2005 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	DP VINCENT, DAVE 12900 TRAILS END RD FLORAL CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHNSON, KATHERINE 12900 TRAILS END RD FLORAL CITY, FL
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02/09/05-80026-005 150.00

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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)(f), 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: Katherine Johnson X Katherine Johnson 2/3/05 (352) 726-3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #