


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # S57489 1. Entity Name FLORIDA OUTDOOR SPORTS, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 82670 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 US | Mailing Address P.O. BOX 545 ISLAMORADA, FL 33036 US |
|--|--|



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0281018 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent SHELDON, PATRIC 82670 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 |
|--|

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

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 | VD SKROBECK, GARY 161 E. RIDGE ROAD ISLAMORADA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD SHELDON, PATRIC 82670 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LAMARCA, GEORGE 1300 50TH STREET WEST DES MOINES, IA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000356713
05/04/05-80043-022 150.00

**DO NOT WRITE
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:  **4/25/05** **305-852-8989**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #