


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S73048</b>	
1. Entity Name <b>OUTLAW &amp; HANKS, INCORPORATED</b>	

Principal Place of Business <b>11163 US HWY 301 S HAMPTON, FL 32044</b>	Mailing Address <b>11163 U.S. HWY. 301 S. HAMPTON, FL 32044</b>
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**DO NOT WRITE IN THIS SPACE**



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3082789</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**OUTLAW, LAVERN H.  
11163 US HWY 301 S  
HAMPTON, FL 32044**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

000000167368  
07/20/04-80001-016 558.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OUTLAW, LAVERN H. 11163 US HWY 301 S HAMPTON, FL 32044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OUTLAW, ALMA T. 11163 US HWY 301 S HAMPTON, FL 32044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HANKS, MICHAEL 15951 SW CR #227 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Michael L. Hanks **MICHAEL L. HANKS** 7/19/04 904/964-4522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #