

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # V03000

1. Entity Name
OUTRAGEOUS OCCASIONS AND MORE, INC.



Principal Place of Business
**4611 S UNIVERSITY DR
SUITE 133
DAVIE, FL 33328**

Mailing Address
**4611 S UNIVERSITY DR
SUITE 133
DAVIE, FL 33328**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0244935** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKISSICK, JUDY
4611 S UNIVERSITY DR
SUITE 133
DAVIE, FL 33328**

**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 \$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 **DPT**
NAME **MCKISSICK, JUDY**
STREET ADDRESS **4611 S UNIVERSITY DR**
CITY-ST-ZIP **DAVIE, FL**

TITLE **DVS**
NAME **MCKISSICK, THEODORE**
STREET ADDRESS **4611 S UNIVERSITY DR**
CITY-ST-ZIP **DAVIE, FL**

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**U00000524083
05/03/06-80097-023 150.00**

**DO NOT WRITE
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 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: *Theodore McKissick DVS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 954 431 5221
Daytime Phone #