


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2008 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
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04202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0244935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCKISSICK, JUDY 4611 S UNIVERSITY DR SUITE 133 DAVIE, FL 33328
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**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000941732 05/28/08-80117-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MCKISSICK, JUDY 4611 S UNIVERSITY DR DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MCKISSICK, THEODORE 4611 S UNIVERSITY DR DAVIE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: 	Date: 5/28/08	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		