

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000060670

**Entity Name:** SOUTH RIVER OUTFITTERS, INC.

**Current Principal Place of Business:**

7647 LOST RIVER RD  
STUART, FL 34997

**Current Mailing Address:**

7647 LOST RIVER RD  
STUART, FL 34997 US

**FEI Number:** 65-1119264

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOUT, EDGAR F  
600 STYPMANN BOULEVARD  
STUART, FL 34994 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PD	Title	VPD
Name	STOUT, SUZANNE	Name	STOUT, EDGAR F
Address	600 STYPMAN BLVD	Address	600 STYPMAN BLVD
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDGAR STOUT

VP

02/02/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date