


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000003561  
1. Entity Name  
OUTDOOR LEGACY, INC.



Principal Place of Business 1312 3RD S.E. MOULTRIE, GA 31768	Mailing Address 1312 3RD S.E. MOULTRIE, GA 31768
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**DO NOT WRITE IN THIS SPACE**



08242004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2327625	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
RAVIS, RAYMOND  
1225 CHALLER AVE.  
JACKSONVILLE, FL 32205

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULLER, TRACI 1312 3RD ST SE MOULTRIE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, SHARON RT 2 BOX 296 PAVO, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULLER, BENJAMIN R 1312 3RD ST SE MOULTRIE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON JR, ELLIS RT 2 BOX 296 PAVO, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000171604  
09/03/04-80003-025 150.00

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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: Sharon Thompson 9-1-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #