

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000091305

Entity Name: H2O OUTFITTERS, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

5400 PLANTATION ROAD
HARBORSIDE VILLAGE
CAPTIVA, FL 33924

New Principal Place of Business:

11680 CHITWOOD DRIVE
FORT MYERS, FL 33908

Current Mailing Address:

798 CYPRESS LAKE CIRCLE
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0957060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUGHER, BRIAN J
798 CYPRESS LAKE CIRCLE
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BAUGHER, BRIAN J
Address: 798 CYPRESS LAKE CIRCLE
City-St-Zip: FT MYERS, FL 33919

Title: VPS () Delete
Name: BAUGHER, ANNE C
Address: 798 CYPRESS LAKE CIRCLE
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRIAN J. BAUGHER

PT

01/28/2005

Electronic Signature of Signing Officer or Director

_____ Date