

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90238 003 ***158.75

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1. Entity Name
LOOK UP REACH OUT ENTERPRISES, INC.

Principal Place of Business
**325 JULIA STREET
 KEY WEST, FL 33040**

Mailing Address
**325 JULIA STREET
 KEY WEST, FL 33040**

94074880



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

65-0689600

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAWYER-ATANDA, NORMA
 325 JULIA ST
 KEY WEST, FL 33040**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD
 NAME: SAWYER-ATANDA, NORMA JEAN Delete
 STREET ADDRESS: 325 JULIA ST.
 CITY-ST-ZIP: KEY WEST, FL 33040

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD
 NAME: SHORTER, IVAN Delete
 STREET ADDRESS: 4040 PRESIDENTIAL BLVD., #2123
 PHILADELPHIA, PA 19131

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD
 NAME: POITIER, ADRIAN Delete
 STREET ADDRESS: 629 CAROLINE ST #3
 KEY WEST, FL 33040

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: MILLER, BRENDA
 STREET ADDRESS: 325 1/2 JULIA ST.
 CITY-ST-ZIP: KEY WEST, FL 33040

TITLE: Change Addition
 NAME: **D KENNETH SHORTER**
 STREET ADDRESS: **382 MAGUIRE VILLAGE #6**
 CITY-ST-ZIP: **GAINESVILLE, FL 32603**

TITLE: D Delete
 NAME: WEED, AUWINA
 STREET ADDRESS: 629 CAROLINE ST
 CITY-ST-ZIP: KEY WEST, FL 33041

TITLE: Change Addition
 NAME: **D IVA COLEMAN**
 STREET ADDRESS: **4102 RALEIGH**
 CITY-ST-ZIP: **ORLANDO, FL 32811**

TITLE: D Delete
 NAME: WEED; THURLOW
 STREET ADDRESS: 1236-H SHERIDAN DR
 CITY-ST-ZIP: LANCASTER, OH 43130

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Norma Jean Sawyer-Atanda* **NORMA JEAN SAWYER-ATANDA** 4/28/04 ⁽³⁰⁵⁾ 293-9692
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #