


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000072217
 1. Entity Name
LOOK UP REACH OUT ENTERPRISES, INC.



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

DO NOT WRITE IN THIS SPACE



09012005 No Chg-P CR2E034 (10/03)

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

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 _____ 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 7, 2005

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	PTD SAWYER-ATANDA, NORMA JEAN 325 JULIA ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHORTER, IVAN 4040 PRESIDENTIAL BLVD., #2123 PHILADELPHIA, PA 19131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POITIER, ADRIAN 629 CAROLINE ST #3 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORTER, KENNETH 382 MAGUIRE VILLAGE #6 GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, IVA 4102 RALEIGH ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEED, THURLOW 1236-H SHERIDAN DR LANCASTER, OH 43130

DO NOT WRITE IN THIS SPACE

000000377582
 09/07/05-80002-008 150.00

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: Ivan Shorter **IVAN SHORTER** 9/1/05 (315)389-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #