

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90002 048 ***558.75

DOCUMENT # K50191 1. Entity Name FAR OUT, INC.			
Principal Place of Business 1818 MANGO AVE SARASOTA, FL 34234 US		Mailing Address 1818 MANGO AVE SARASOTA, FL 34234 US	
2. Principal Place of Business - No P.O. Box # 1818 Mango Ave Suite, Apt. #, etc.		3. Mailing Address 310 11th Ave East Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Palmetto, FL	
Zip 34234		Zip 34221	
Country USA		Country USA	
4. FEI Number 65-0096153		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAHRER, JERRY E 1818 MANGO AVENUE SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name Gerry E. Fahrer Street Address (P.O. Box Number is Not Acceptable) 310 11th Avenue East City Palmetto FL Zip Code 34221	
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 <u><i>Gerry E. Fahrer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME FAHRER, JERRY E STREET ADDRESS 1818 MANGO AVE CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ST <input type="checkbox"/> Delete NAME FAHRER, BETTY J STREET ADDRESS 1818 MANGO AVE CITY-ST-ZIP SARASOTA, FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Gerry E. Fahrer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6/18/07</u> Daytime Phone # <u>941-350-8357</u>	