## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N96000006452

FILED Feb 24, 2004 8:00 am Secretary of State

1. Entity Name NEW OUTLOOK II, INC.									02-24-20	04 90005	5 039 ****7	70.00
Principal Place of Business Malling Address 1241 BLUEHILL DRIVE NORTH P.O. BOX 19189 JACKSONVILLE, FL 32218 JACKSONVILLE, 32245-9								÷ 18311181 848				2005: BI (BBI
Principal Place of Business     3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02042004	Chg-NP	CR2E	(10/03)	
City & State			Ci	City & State				4. FEI Number 59-3421096				oplied For ot Applicable
Zip	•	Country	Ži	Zip Co		intry	5. Certificate of S		of Status Desire	d XX	\$8.75 Add	
	6. Name	and Address of Current	Register	ed Agent		Name		7. Name and	Address of Ne	w Registere	d Agent	
SIKORA, ( 900 UNIVE SUITE 700	ERSITY BI	Y J LVD. NORTH				Street Ad	ddress (F	P.O. Box Numbe	er is Not Accepta	able)		
JACKSON		. 32211								·		*
						City				F	Zip Cod	le
8. The above the obligat	named entit tions of regist	ty submits this statement for tered agent.	or the purp	ose of changing its r	egister	ed office or	registere	ed agent, or bot	h, in the State of	f Florida. I a	m familiar with,	and accept
SIGNATURE	Signature, typed	d or printed name of registered agen	t and title if ep	olicable. (NOTE:	Registere	d Agent signatur	re required	when reinstating)		DATE	Ē	<del></del>
Filing Fee Is \$61.25  Due by May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.												
								\$5.00 May B Added to Fees	e F		ck payable tertment of S	
10.			IRECTORS	Trust Fund Co			<u> </u>	Added to Fees	e FANGES TO OFFI	lorida Dep	artment of S	tate
TITLE	Due by A	May 1, 2004 OFFICERS AND D	IRECTORS	Trust Fund Co	ntribut 11. πυ	ion. [	<u> </u>	Added to Fees		lorida Dep	artment of S	tate
	Due by A	OFFICERS AND DI	IRECTORS	Trust Fund Co	11.	ion. [	<u> </u>	Added to Fees		lorida Dep	artment of S	tate
TITLE NAME	DC GREGOR 12874 DU JACKSON	OFFICERS AND DI	IRECTORS	Trust Fund Co	11. TITLE NAM STRE	ion. [	<u> </u>	Added to Fees		lorida Dep	artment of S	tate
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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. (904-743-1883, ext. 252

SIGNATURE: Kobert Sommers, Ph.D. February 12, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	