

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90182 033 ****70.00

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02012005 Chg-NP CR2E037 (10/03)

DOCUMENT # N96000006452					
1. Entity Name NEW OUTLOOK II, INC.					
Principal Place of Business 1241 BLUEHILL DRIVE NORTH JACKSONVILLE, FL 32218			Mailing Address P.O. BOX 19189 JACKSONVILLE, 32245-9189		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3421096				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> X				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
-SIKORA; GREGORY J 900 UNIVERSITY BLVD. NORTH SUITE 700 JACKSONVILLE, FL 32211			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, E C			NAME	
STREET ADDRESS	12874 DUNES CT.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, GEORGE			NAME	
STREET ADDRESS	50 NORTH LAURA STREET			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32202			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECLERC, DONALD			NAME	
STREET ADDRESS	236 HOLLY CT			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP	
TITLE	DTS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CHARLES W			NAME	
STREET ADDRESS	5307 FLEET LANDING BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMERS, ROBERT			NAME	
STREET ADDRESS	900 UNIVERSITY BLVD N			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JAMES			NAME	Brew, Richard
STREET ADDRESS	6865 TAMRA LANE			STREET ADDRESS	1301 Riverplace Boulevard
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP	Jacksonville, FL 32207
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 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.					
SIGNATURE: <u>Robert Sommers</u>		Robert Sommers		Feb. 15, 2005 904-743-1883	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	