

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90198 034 ***150.00

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01102005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000084349 1. Entity Name STOUT, INC.																													
Principal Place of Business 6652 DOVE CREEK DR JACKSONVILLE, FL 32244-3473			Mailing Address 6652 DOVE CREEK DR JACKSONVILLE, FL 32244-3473																										
2. Principal Place of Business 8384 Chessman Ct Suite, Apt. #, etc.		3. Mailing Address 8384 Chessman Ct Suite, Apt. #, etc.																											
City & State Jacksonville, Florida Zip 32244 Country Duval		City & State Jacksonville, Florida Zip 32244 Country Duval		4. FEI Number 52-2265546																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent STOUT, LARRY S 6652 DOVE CREEK DR JACKSONVILLE, FL 32244-3473			7. Name and Address of New Registered Agent Name Larry S. Stout Street Address (P.O. Box Number is Not Acceptable) 8384 Chessman Ct. City Jacksonville FL Zip Code 32244																										
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 LARRY S. STOUT PD DATE 4-11-05 <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 \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STOUT, LARRY S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6652 DOVE CREEK DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 322443473</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	STOUT, LARRY S		STREET ADDRESS	6652 DOVE CREEK DR		CITY-ST-ZIP	JACKSONVILLE, FL 322443473		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Larry S. Stout</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8384 Chessman Ct</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville, Florida 32244</td> <td></td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Larry S. Stout		STREET ADDRESS	8384 Chessman Ct		CITY-ST-ZIP	Jacksonville, Florida 32244	
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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 another like empowered.																													
SIGNATURE: LARRY S. STOUT PD DATE 4-11-05 (904)226-4582 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													