2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000127847

1. Entity Name

WHILE YOU ARE OUT, INC.



FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90238 008 ***150.00

Principal Place of Business

9050 LAS MADERAS BONITA SPRINGS, FL 34135 Mailing Address

9050 LAS MADERAS BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P		CŘŽE034 (10/03)			
4. FEI Number	,		Applied For		
55-0814	961		Not Applicab		
. Certificate of Status Desired			\$8.75 Additional Fee Required		

SCHRECK, SALLY 9050 LAS MADERAS		•	********	DO NOT WRITE
BONITA SPRINGS, FL 34135	,			IN THIS SPACE

В.	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.

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

After M	ay 1, 2004 Fee will be \$550.00	Trast Faria Commoditori.	_	Added to Fees	
10.	OFFICERS AND DIRECT	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRECK, SALLY				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME "STREET ADDRESS" CITY-ST-ZIP		_	and the second of	DO	NO
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE:

SKINATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

Schreck

23 Monilox 239-948-3768
Daytime Phone #