

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011898

Entity Name: GISOUTPOST INC.

FILED
Aug 10, 2004
Secretary of State

Current Principal Place of Business:

4018 OLIVE AVENUE
SARASOTA, FL 34231 US

New Principal Place of Business:

4440 MACEACHEN BLVD
SARASOTA, FL 34233 US

Current Mailing Address:

4018 OLIVE AVENUE
SARASOTA, FL 34231 US

New Mailing Address:

4440 MACEACHEN BLVD
SARASOTA, FL 34233 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MITCHELL, CHRIS R
4018 OLIVE AVENUE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

MITCHELL, CHRIS R
4440 MACEACHEN BLVD
SARASOTA, FL 34233 US

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.

SIGNATURE: CHRIS R MITCHELL

08/10/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL, CHRIS R
Address: 4018 OLIVE AVENUE
City-St-Zip: SARASOTA, FL 34231

Title: VP () Delete
Name: MITCHELL, AMANDA S
Address: 4018 OLIVE AVENUE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MITCHELL, CHRIS R
Address: 4440 MACEACHEN BLVD
City-St-Zip: SARASOTA, FL 34233

Title: VP (X) Change () Addition
Name: MITCHELL, AMANDA S
Address: 4440 MACEACHEN BLVD
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS R. MITCHELL

D

08/10/2004

Electronic Signature of Signing Officer or Director

Date