

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023890

Entity Name: OUTTA SIGHT, INC.

FILED
Feb 18, 2005
Secretary of State

Current Principal Place of Business:

900 FT. PICKENS ROAD, #824
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

835 HIGHWAY 90, SUITE 16
BAY ST. LOUIS, MI 39520

New Mailing Address:

FEI Number: 13-4240481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSHNELL, JENNIFER L
30 SOUTH SPRING STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEYERS, MICHAEL W
Address: 112 BEVERLY DR
City-St-Zip: BAY ST LOUIS, MS 39520

Title: VTS () Delete
Name: CANNON, KELLY
Address: 137 HWY 90
City-St-Zip: WAVELAND, MS 39576

Title: V () Delete
Name: CANONICI, DAVID
Address: 1160 HOLLY BLUFF CIRCLE
City-St-Zip: BILOXI, MS 39532

Title: V () Delete
Name: WARREN, JR, E G
Address: 8 POPLAR CIRCLE
City-St-Zip: GULFPORT, MS 39507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KELLY CANNON

VTS

02/18/2005

Electronic Signature of Signing Officer or Director

Date