


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90014 009 \*\*\*150.00

**DOCUMENT # P03000023890**

1. Entity Name  
**OUTTA SIGHT, INC.**



Principal Place of Business Mailing Address  
**900 FT. PICKENS ROAD, #824 PENSACOLA BEACH FL 32561** **835 HIGHWAY 90, SUITE 16 BAY ST. LOUIS MI 39520**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **992 Howard Ave.**  
 Suite, Apt. #, etc.

City & State State **Biloxi, MS 39530**  
 Zip Country Zip Country

4. FEI Number **13-4240481** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/05)



6. Name and Address of Current Registered Agent  
**BUSHNELL, JENNIFER L  
 30 SOUTH SPRING STREET  
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MEYERS, MICHAEL W	
STREET ADDRESS	112 BEVERLY DR	
CITY-ST-ZIP	BAY ST LOUIS MS 39520	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	CANNON, KELLY	
STREET ADDRESS	137 HWY 90	
CITY-ST-ZIP	WAVELAND MS 39576	
TITLE	V	<input type="checkbox"/> Delete
NAME	CANONICI, DAVID	
STREET ADDRESS	1160 HOLLY BLUFF CIRCLE	
CITY-ST-ZIP	BILOXI MS 39532	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARREN, JR, E G	
STREET ADDRESS	8 POPLAR CIRCLE	
CITY-ST-ZIP	GULFPORT MS 39507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **DAVID A. CANONICI** 3-11-06 268.374-2826  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40037468

#P03000023890

Outta Sight, Inc.

2005 - ANNUAL CORP. MEETING.

ATTENDANCE :

DAVID CANONICI

KELLY CANNON

E.G. WARREN

MIKE MEYERS

TOPICS - DISCUSSED

① INSURANCE - MIKE - calling on Flood. -  
will let us know. -

② CARPET - needs to be pulled near  
closet door. -

③ CLOSET DOORS - dragging on carpet.

④ 2006 schedule - ent cotendor -

- ~~David Canonici~~  
- ~~Kelly Cannon~~  
- ~~E.G. Warren~~  
- ~~Mike Meyers~~

DAVID CANONICI  
KELLY CANNON  
E.G. WARREN  
MIKE MEYERS

Held 10-26-05