

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90014 035 \*\*\*150.00

**DOCUMENT # P93000086566**

1. Entity Name  
**OUTLOOK TECHNOLOGY, INC.**



Principal Place of Business  
**4707-140TH AVENUE NORTH., SUITE 308  
CLEARWATER, FL 33762 US**

Mailing Address  
**4707-140TH AVENUE NORTH., SUITE 308  
CLEARWATER, FL 33762 US**

**04000966**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3219526**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PLETCHER, STEVE  
2281 E. VINA DEL MAR BLVD  
ST. PETERSBURG BEACH, FL 33706**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **PLETCHER, STEVE JR.**  
STREET ADDRESS **2281 W. VINA DEL MAR BLVD**  
CITY-ST-ZIP **ST. PETERSBURG BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** *Steve Pletcher* **Steve Pletcher**

**1-22-04** **727-532-8155**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR