

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90002 046 ***150.00

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1. Entity Name
OUTLOOK TECHNOLOGY, INC.



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

50000210



01032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address
7139 Gulf Blvd **7139 Gulf Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ST. Pete Beach FL **ST. Pete Beach FL**
Zip Country Zip Country
33706 **US.** **33706** **US**

4. FEI Number Applied For
59-3219526 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-05 727-563-7546
Date Daytime Phone #