

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90069 020 \*\*\*150.00

**DOCUMENT # P98000014942**

1. Entity Name  
**CELLULAR OUTFITTERS, INC.**



Principal Place of Business  
**1500 U.S. HIGHWAY 27 SOUTH  
SUITE B  
CLERMONT, FL 34711**

Mailing Address  
**1500 U.S. HIGHWAY 27 SOUTH  
SUITE B  
CLERMONT, FL 34711**

**40009581**



2. Principal Place of Business

**2560 EAST U.S. HWY 50**

Suite, Apt. #, etc.

**SUITE #108**

City & State

**CLERMONT, FL**

Zip

**34711**

Country

**LAKE**

3. Mailing Address

**2560 EAST U.S. HWY 50**

Suite, Apt. #, etc.

**SUITE #108**

City & State

**CLERMONT, FL**

Zip

**34711**

Country

**LAKE**

01272005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3516151**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JORDAN, EDWARD P II  
13543 E HWY 50  
CLERMONT, FL 34711**

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 ☐ Delete

NAME **P MCKAY, DAVID J**  
STREET ADDRESS **2560 EAST U.S. HWY 50**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete

NAME **VP MCKAY, DAVID**  
STREET ADDRESS **2560 EAST U.S. HWY. 50**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete

NAME **T MCKAY, DAVID**  
STREET ADDRESS **2560 EAST U.S. HWY 50**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete

NAME **S MCKAY, DAVID**  
STREET ADDRESS **2560 EAST U.S. HWY 50**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete

NAME **D MCKAY, DAVID**  
STREET ADDRESS **2560 EAST U.S. HWY. 50**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **P MCKAY, DAVID**  
STREET ADDRESS **2560 EAST U.S. HWY 50, STE #108**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☒ Change ☐ Addition

NAME **VP MCKAY, DAVID**  
STREET ADDRESS **2560 EAST U.S. HWY 50, STE 108**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☒ Change ☐ Addition

NAME **T MCKAY, DAVID**  
STREET ADDRESS **2560 EAST U.S. HWY 50, STE 108**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☒ Change ☐ Addition

NAME **S MCKAY, DAVID**  
STREET ADDRESS **2560 EAST U.S. HWY 50, STE 108**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☒ Change ☐ Addition

NAME **D MCKAY, DAVID**  
STREET ADDRESS **2560 EAST U.S. HWY 50, STE 108**  
CITY-ST-ZIP **CLERMONT, FL 34711**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/27/05 352-243-1120**