


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 17, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000070197</b> 1. Entity Name E.J. BOOKOUT DESIGNS, INC.	
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Principal Place of Business 8126 BLAIKIE COURT SARASOTA, FL 34240	Mailing Address PO BOX 15065 SARASOTA, FL 34277
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**DO NOT WRITE IN THIS SPACE**



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0941395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent  TURNER, PAULA C 8126 BLAIKIE COURT SARASOTA, FL 34240	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOOKOUT, EDGAR J 8126 BLAIKIE COURT SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD TURNER, PAULA 8126 BLAIKIE COURT SARASOTA, FL 34240
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02/17/05-80019-015 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Paula Turner, U.P., PAULA TURNER 2-14-05 941-378-8695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #