

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90299 043 ***150.00

DOCUMENT # P04000134975 1. Entity Name ME: INSIDE AND OUT, INC.					
Principal Place of Business 6562 UNIVERSITY BLVD. WINTER PARK, FL 32792			Mailing Address 910 MARABON AVE. ORLANDO, FL 32806		
2. Principal Place of Business 910 MARABON AVE			3. Mailing Address 910 MARABON AVE		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State ORLANDO, FL			City & State ORLANDO, FL		
Zip 32806		Country ORANGE		Zip 32806	
Country ORANGE		4. FEI Number 20-2540313			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLE, JEANE K 910 MARABON AVE. ORLANDO, FL 32806				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLE, JEANE K 910 MARABON AVE. ORLANDO, FL 32806 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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: <i>Jeane Cole</i>			4-30-05 407-963 9715		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

50051173



05042005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2540313

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

**COLE, JEANE K
910 MARABON AVE.
ORLANDO, FL 32806**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

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ORLANDO, FL 32806** ☐ Delete

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SIGNATURE: *Jeane Cole*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #