

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90302 018 ***158.75

DOCUMENT # P05000006930

1. Entity Name

INSIDE OUT RESTORATION & REMODELERS INC.



Principal Place of Business

355 BALSAM RIDGE DRIVE
OCOE FL 34761

Mailing Address

355 BALSAM RIDGE DRIVE
OCOE FL 34761

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

P.O. BOX 274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCOE FL

FL USA

Zip

Country

USA

Zip

34761

Country

ORANGE

1st MOORE

CR2E034 (10/05)

FEDERAL TAX ID # 14 1929336

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCALFARI, STEPHANIE
1322 PLEASANT OAK LANE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name John DOLPHIN

Street Address (P.O. Box Number is Not Acceptable)

2955 DANFORTH DR

City ORLANDO

FL

Zip Code 32816

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

John DOLPHIN Reg Agent

4/13/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME APONTE, NELSON ☐ Delete
STREET ADDRESS 355 BALSAM RIDGE DRIVE
CITY-ST-ZIP OCOEE FL 34761

TITLE T
NAME RIVERA, CARMEN ☐ Delete
STREET ADDRESS 355 BALSAM RIDGE DRIVE
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

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

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CITY-ST-ZIP

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 exemptions contained in Section 119, 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

4/13/06

Date

321-303-7101

Daytime Phone #