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Secretary of State

08-20-2007 90056 009 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000007560

1. Entity Name
INSIDE/OUT HOME SERVICES INC

66021859

Principal Place of Business	Mailing Address
306 TOURNAMENT RD PONTE VEDRA BEACH, FL 32082	306 TOURNAMENT RD PONTE VEDRA BEACH, FL 32082

07092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1636 Merroway Lane		P O Box 3163	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State: Ponte Vedra Fl		City & State: Ponte Vedra Fl	
Zip: 32081	Country: St John	Zip: 32004	Country: St John

4. FEI Number: 75-3208070 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIRACUSA, HELEN C
3910 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

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 $550.00
Due by September 14, 2007

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY ST ZIP	P ASHCROFT, WILLIAM H 306 TOURNAMENT RD PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ST ASHCROFT, LAURA A 306 TOURNAMENT RD PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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] 8/13/07 904-861-7246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Inside Out Home Services, Inc.

(d6021859

AUGUST 13, 2007

Department of the State of Florida
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Document #P0600007560

To Whom It May Concern:

Please reinstate the corporation INSIDE/OUT HOME SERVICES INC. for the YEAR 2006. We did not receive a notice to file in that year because you sent the notice to a former address. Therefore, we were unaware that the annual report needed to be filed. We ask that you please waive any penalty fees that occurred herein. Thank you for your cooperation regarding this matter.

Sincerely,

William H. Ashcroft
Inside/Out Home Services, Inc.
PO Box 3163
Ponte Vedra, FL 32004