2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2005 08:00 AM Secretary of State DOCUMENT # P93000019851 1. Entity Name INSIDE OUT SERVICES, INC. Principal Place of Business Mailing Address 1934 DANA DRIVE P.O. BOX 60861 FORT MYERS FL 33906 STE 1 FORT MYERS FL 33907 3. Mailing Address 2. Principal Place of Business _ Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 65-0401517 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRIGHT, RONALD O JR. Street Address (P.O. Box Number is Not Acceptable) 1934 DANA DRIVE FORT MYERS FL 33907 Zip Code FI registered office or registered agent, or both, in the State of Florida I am familiar with, and accept 8. The above named entity submits this ste the obligations of registered agent SIGNATURE Signature, typed of printed i registered Agent signature reduired when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. Addition TITLE ☐ Delete THE Change BRIGHT, RONALD O JR. NAME NAME U00000296738 04/09/05-80079-013 150.00 STREET ADDRESS 1910 HONDA ROAD, #R 4-5 STRFFT ADDRESS CHY ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE MESSMAN, RICK L NAME NAME STREE! ADDRESS STREET ADDRESS 1910 HONDA ROAD, #R 4-5 FORT MYERS FL 33907 CITY - ST - Z# CITY-ST-ZIP ☐ Delete Change Addition TITLE MAME SMITH, JIM NAME STREET ADDRESS STREET ADDRESS 1910 HONDA ROAD, #R 4-5 CITY-ST-ZIP FORT MYERS FL 33907 CHY-ST-ZIP Change ☐ Addition ☐ Delete THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: ROLL BOWN ROLL BONG OF SIGNING OFFICER OF DIRECTOR PARTY SIGNATURE AND TYPEU OR PERTY SIGNING OFFICER OF DIRECTOR PARTY SIGNATURE AND TYPEU OR PERTY SIGNING OFFICER OF DIRECTOR PARTY SIGNING OFFICER OF DIRECTOR PROPERTY SIGNING OFFICER OFFICER