

# ANNUAL REPORT

**DOCUMENT # P96000064973**

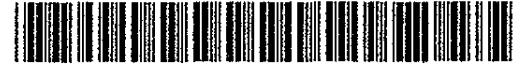
1. Entity Name  
**INSIDE OUT CONSTRUCTION, INC.**



**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**812 LUODEN AVE  
DUNEDIN, FL 34698 US**

Mailing Address  
**812 LOUDEN AVE  
DUNEDIN, FL 34698 US**



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3396384**

Applied For

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

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

**PAPAS, CLEM  
1537 OAKWOOD ST  
CLEARWATER, FL 33755**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

|                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WEIMER, ROBERT<br>11917 SUNSHINE LANE<br>TREASURE ISLAND, FL 33706 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>PAPAS, CLEM<br>1537 OAKWOOD ST<br>CLEARWATER, FL 33755            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |

U000000132130  
04/27/04-80035-003 150.00

**DO NOT WRITE IN THIS SPACE**

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; as changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Clem Papas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/2004*  
Date

*727-734-3673*  
Daytime Phone #