[redacted] 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	Mailing Address
812 LUODEN AVE DUNEDIN, FL 34698 US	812 LOUDEN AVE DUNEDIN, FL 34698 US

03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3396384

Applied For [redacted]

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

6. Name and Address of Current Registered Agent

PAPAS, CLEM
1537 OAKWOOD ST
CLEARWATER, FL 33755

DO NOT WRITE [redacted]

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000132130
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)(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 [redacted] of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clem Papas 3/17/2004 727-734-3673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #