## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2005 08:00 AM Secretary of State

DOCUMENT # P96000064973  1. Entity Name INSIDE OUT CONSTRUCTION, INC.				Secretary of State	
Principal Place of Bu 812 LUODEN AVE DUNEDIN, FL 3469		Mailing Address 812 LOUDEN AVE DUNEDIN, FL 34698 US	_	י אווא מולוטון לא מולוטון אווי אווי אווי אווי אווי אווי אווי או	
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DO	NOT WRITE	IN THIS SPA	CE	4. FEI Number   Applied For   59-3396384   Not Applicable	
<u> </u>	Name and Address of Current Re	pistered Agent		5. Certificate of Status Desired	
PAPAS, CLEM 1537 OAKWOOD ST CLEARWATER, FL 33755				DO NOT WRITE IN THIS SPACE	
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 the dispotcable. (NOTE: Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10,	OFFICERS AND DIF	RECTORS	<u> </u>		
STREET ADDRESS 1191	MER, ROBERT 17 SUNSHINE LANE ASURE ISLAND, FL 33706		and the second second	000000271552 03/21/05-80055-021 150.00	
STREET ADDRESS   1537	AS, CLEM OAKWOOD ST ARWATER, FL 33755		The space of the second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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.  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.  SIGNATURE:  Dayline Phone **					