## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P96000064973

1. Entity Name

INSIDE OUT CONSTRUCTION, INC.



**FILED** Jan 30, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

**812 LUODEN AVE** DUNEDIN, FL 34698 812 LOUDEN AVE

DUNEDIN, FL 34698

No Chg-P

CR2E034 (11/05)

01232006

4. FEI Number 59-3396384

Applied For Not Applicable

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			IN THIS SPACE		
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			d Agent signature required when reinstating) DATE		
FILI After Ma	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing \$5.00 May E Added to Fees	innon0407774 02/08/06-80033-019 150.00	
10.  ITILE  NAME  STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  ITILE  NAME  NAME	OFFICERS AND DIRECT P WEIMER, ROBERT 11917 SUNSHINE LANE TREASURE ISLAND, FL 33706 VP PAPAS, CLEM 1537 OAKWOOD ST CLEARWATER, FL 33755	TORS	_·	O NOT WRITE I THIS SPACE	
STREET ADDRESS CITY-ST-ZIP					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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