2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000104445

1. Entity Name
INNER STATE CONCEPT'S, INC.

Principal Place of Business	Mailing Address
75 ADA ST	75 ADA ST
TARPON SPRINGS, FL 34689	TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

04082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3248005	Not Applicable

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

6. Name and Address of Current Registered Agent

CASE, ALVIN D
75 ADA ST
TARPON SPRINGS, FL 34689

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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 Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U0000891855
04/23/08-80042-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	CASE, ALVIN D
STREET ADDRESS	75 ADA ST
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   4/8/08   727-741-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #