

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S13987

1. Entity Name
INSIDEOUTFITTERS, INC.



Principal Place of Business
~~2859 NE 60TH STREET
FT LAUDERDALE, FL 33308~~ US

Mailing Address
~~2859 NE 60TH STREET
FT LAUDERDALE, FL 33308~~ US

2. Principal Place of Business
2933 N. W. 9th Avenue

Suite, Apt. #, etc.

3. Mailing Address
2933 N. W. 9th Avenue

Suite, Apt. #, etc.

City & State
Wilton Manors, FL

Zip **33311**

City & State
Wilton manors, FL

Zip **33311**

Country **USA**

6. Name and Address of Current Registered Agent

~~HACKLEY DEAN
3847 W LANDNEWS AVE
FORT LAUDERDALE, FL 33309~~

Name

John Zito

Street Address (P.O. Box Number is Not Acceptable)

2933 N.W. 9th Avenue

City

Wilton Manors

FL

Zip Code
33311

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

2/4/04

**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 **PD**
NAME **ZITO, JOHN**
STREET ADDRESS **2859 NE 60TH STREET**
CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **ZITO, JOHN**
STREET ADDRESS **2933 N.W. 9th Avenue**
CITY-ST-ZIP **Wilton Manors, FL 33311**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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Change Addition

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Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 (954) 568-7774

Date Daytime Phone #

**FILED
Apr 14, 2004 8:00 am
Secretary of State**

04-14-2004 90038 014 ***150.00

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04082004 Chg-P CR2E034 (10/03)