

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2004 90038 014 ***150.00

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 Country 33311 USA		City & State Wilton manors FL Zip Country 33311 USA	
4. FEI Number 65-0240464		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKLEY DEAN 3847 W ANDREWS AVE FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent 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 2/4/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZITO, JOHN 2859 NE 60TH STREET FT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZITO, JOHN 2933 N.W. 9th Avenue Wilton Manors, Fl. 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		2/4/04 (954) 568-7774	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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