FILED
May 22, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 271453

1. Entity Name
CTG INNOVATION, INC.

Principal Place of Business	Mailing Address
150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114 US	P.O. BOX 11585 DAYTONA BEACH, FL 32120 US

05162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1028965
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PALEMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BCH., FL 32114

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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 $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	EZZELL, EUGENE E
STREET ADDRESS	530 FENTRESS BLVD.
CITY ST ZIP	DAYTONA BEACH, FL 32114
TITLE	OVST
NAME	BURGESS, DENNIS P
STREET ADDRESS	530 FENTRESS BLVD
CITY ST ZIP	DAYTONA BEACH, FL 32114
TITLE	DV
NAME	MCGUIRE, SCOTT
STREET ADDRESS	530 FENTRESS BLVD.
CITY ST ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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06/04/08-80061-012 550.00

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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: Dennis P Burgess VICE-PRESIDENT 5/19/08 386-252-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x 4239