


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90198 001 ***550.00
 09-08-2004 90198 002 *****8.75

DOCUMENT # P03000156463

1. Entity Name
INNOVATIVE SETTLEMENT SOLUTIONS, INC.



Principal Place of Business: **13311 WINDING OAK CT, STE B TAMPA FL 33612**

Mailing Address: **P. O. BOX 701 MANGO FL 33550**

2. Principal Place of Business: **13311 Winding Oak Ct, Ste C**


3. Mailing Address: **PO Box 701 Mango, FL 33550**

City & State: **Tampa, FL**

City & State: **Mango, FL**

Zip: **33612** Country: **USA**

Zip: **33550** Country: **USA**



MOORE CR2E034 (4/04)

4. FEI Number: **200531421** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

SILVER, JAY
13311 WINDING OAK CT, STE B
TAMPA FL 33612

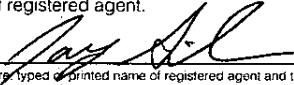
7. Name and Address of New Registered Agent

Name: **Silver, Jay**

Street Address (P.O. Box Number is Not Acceptable): **13311 Winding Oak Ct Ste C**

City: **Tampa** FL Zip Code: **33612**

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:  **Jay Silver** DATE: **9/1/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SILVER, JAY	13311 WINDING OAK COURT, SUITE B	TAMPA FL 33612	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Silver, Jay	13311 Winding Oak Ct Ste C	Tampa, FL 33612	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **Jay Silver** DATE: **9/1/04** DAYTIME PHONE #: **813-567-1077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR