


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000101179  
 1. Entity Name  
 INNOVATIVE SOLUTION SPECIALISTS, INC.



Principal Place of Business      Mailing Address  
 4617 SE 3RD PLACE      4617 SE 3RD PLACE  
 KEYSTONE HEIGHTS, FL 32656      KEYSTONE HEIGHTS, FL 32656

**DO NOT WRITE IN THIS SPACE**



07012005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3610975      Not Applicable

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

6. Name and Address of Current Registered Agent  
 HOCKMAN, ROBERT L  
 4617 SE 3RD PLACE  
 KEYSTONE HEIGHTS, FL 32656

**DO NOT WRITE 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**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOCKMAN, ROBERT L
STREET ADDRESS	4617 SE 3RD PLACE
CITY - ST - ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D
NAME	HOCKMAN, GALE L
STREET ADDRESS	4617 SE 3RD PLACE
CITY - ST - ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000371301  
 07/07/05-80012-004 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Robert L Hockman*      7/5/05      352-473-9792  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #