


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 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



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3610975 Applied For
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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	

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 07/07/06-80001-016-150-00

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: *Robert L. Hockman* ROBERT L. HOCKMAN 1/3/06 352-473-9792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #