

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000065182

**Entity Name:** INVISON SOLUTIONS, INC.

**Current Principal Place of Business:**

816 MYSTIC DR.  
STE. 306  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

P.O. BOX 542584  
MERITT ISLAND, FL 32954-2584 US

**FEI Number:** 11-3780322

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHAW, THOMAS C  
430 N MILLS AVENUE  
ORLANDO, FL 32803 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPST  
Name CAPPS, THOMAS R  
Address 816 MYSTIC DR., STE. 306  
City-State-Zip: CAPE CANAVERAL FL 32920

Title VP  
Name CAPPS, PAMELA J  
Address 816 MYSTIC DR., STE. 306  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR  
Name RIPPON, DANA  
Address 489 NEWFOUND HARBOR DR.  
City-State-Zip: MERRITT ISLAND FL 32952

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANA RIPPON

**DIRECTOR**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date