

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000101359

Entity Name: IN VENT, INC.

Current Principal Place of Business:

2201 EDISON AVENUE
JACKSONVILLE, FL 32204

Current Mailing Address:

PO BOX 551190
JACKSONVILLE, FL 32255-1190

FEI Number: 37-1624914

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NUNN, DANIEL BJR.
50 N. LAURA STREET, SUITE 2800
JACKSONVILLE, FL 32202 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 PRE
Name PRESSON, ALLEN
Address 7014 A.C. SKINNER PARKWAY, SUITE 290
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name EDGE, AUBREY
Address 7014 A.C. SKINNER PARKWAY, SUITE 290
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name RAY, GUIL
Address 7014 A.C. SKINNER PARKWAY, SUITE 290
City-State-Zip: JACKSONVILLE FL 32256

Title SEC
Name MILLER, DONNA
Address 7014 A.C. SKINNER PARKWAY, SUITE 290
City-State-Zip: JACKSONVILLE FL 32256

Title CONT
Name LUDECKE, PAIGE
Address 7014 A.C. SKINNER PARKWAY, SUITE 290
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name NORRIS, WILLIAM
Address 7014 A.C. SKINNER PARKWAY, SUITE 290
City-State-Zip: JACKSONVILLE FL 32256

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: AUBREY EDGE

VP

02/04/2013

Electronic Signature of Signing Officer/Director Detail

Date