

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001781

**Entity Name:** INH HOLDINGS, INC.**Current Principal Place of Business:**6675 WESTWOOD BOULEVARD  
SUITE 475  
ORLANDO, FL 32821**Current Mailing Address:**6675 WESTWOOD BOULEVARD  
SUITE 475  
ORLANDO, FL 32821 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR  
Name CARTER, MARK  
Address 6675 WESTWOOD BOULEVARD  
SUITE 475  
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR  
Name LIEBERMANN, ETHAN  
Address 6675 WESTWOOD BOULEVARD  
SUITE 475  
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR  
Name PICHARDO, NELSON M.  
Address 6675 WESTWOOD BOULEVARD  
SUITE 475  
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR  
Name JELINEK, RICK  
Address 6675 WESTWOOD BOULEVARD  
SUITE 475  
City-State-Zip: ORLANDO FL 32821

Title CEO  
Name WALKER, DONNA  
Address 6675 WESTWOOD BOULEVARD  
SUITE 475  
City-State-Zip: ORLANDO FL 32821

Title CFO  
Name SKOBEL, JEFFREY  
Address 6675 WESTWOOD BOULEVARD  
SUITE 475  
City-State-Zip: ORLANDO FL 32821

Title SECRETARY  
Name SKOBEL, JEFFREY  
Address 6675 WESTWOOD BOULEVARD  
SUITE 475  
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR  
Name SKOBEL, JEFFREY  
Address 6675 WESTWOOD BOULEVARD  
SUITE 475  
City-State-Zip: ORLANDO FL 32821

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*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: ARMANDO CREMATA****AUTHORIZE SIGNER****03/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WALKER, DONNA  
Address 6675 WESTWOOD BOULEVARD  
SUITE 475  
City-State-Zip: ORLANDO FL 32821

Title AUTHORIZE SIGNER  
Name CREMATA, ARMANDO  
Address 6675 WESTWOOD BOULEVARD  
SUITE 475  
City-State-Zip: ORLANDO FL 32821