2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 04, 2005 08:00 AM Secretary of State

DOCUMENT # F03000002013 1. Entity Name INNOVATIVE CONTRACTING SOLUTIONS, INC.				ı i	Secreta	ary or State
Principal Place 517 4TH AVE BIRMINGHAM	NUE NORTH	517 4TH AVENUE NORTH BIRMINGHAM, AL 35204		וע ווויני משומש נונו משווים ו	631) 	IION BENYA KIBBO KINEBI N (ETA
			The second second			
DO NOT WRITE IN THIS SPACE				03012005 No Cl 4. FEI Number 63-1219428 5. Certificate of Status		Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			2 200	, , , , , , , , , , , , , , , , , , ,
1333 NOR	RED AGENTS LEGAL SERVICE TH DUVAL STREET SSEE, FL 32302			DO NO IN THIS		
8. The above named entity submits this statement for the purpose of changing its registered of once 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 ar	d title if applicable (NOTE: Registered	Tagent and maliure required	d which relinstating)	DATE	
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Finan	☐ Add	.00 May Be led to Fees		
10.	OFFICERS AND D	DIRECTORS	*****			
NAME STREET ADDRESS CITY-ST-ZIP	HUBBARD, MATTHEW 517 4TH AVENUE NORTH BIRMINGHAM, AL 35204			UC 03/04	00000251665 1205-80061	5 -003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS CITY-ST-ZIP					T WRIT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THI	S SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in the state of th	The Agent of the second	Edding (Feb.)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7,27	The Secretary and the secretar				
12. I hereby indicated of the co-	certify that the information supplied with d on this report or supplemental report is uporation or the receiver or trustee emport, or on an attachment with an address.	/ / ·			a Statutes. I further o ade under oath; that lat my name appear	pertify that the information fam an officer or director in Black 10 or Black 11 if
SIGNATURE: MATTHEW HUBBARD 205-322-3014 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR P.E. C.S.I DENT Daily Dayling Prome 4						