

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003093

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** INNOVATIVE FINANCIAL SOLUTIONS PC, INC.

**Current Principal Place of Business:**

50 LEANNI WAY #C-4  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

50 LEANNI WAY #C-4  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 35-1988836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VERHAGEN, PATRICIA  
19 RIVER PARK DRIVE NORTH  
PALM COAST, FL 32137 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** VERGHAGEN, WILLIAM R  
**Address:** 357 EAST WINSLOW ROAD  
**City-St-Zip:** BLOOMINGTON, IN 47401

**Title:** VD  
**Name:** HARMON, CHRISTOPHER  
**Address:** 357 EAST WINSLOW ROAD  
**City-St-Zip:** BLOOMINGTON, IN 47401

**Title:** STD  
**Name:** ESSLING, IAN  
**Address:** 357 EAST WINSLOW ROAD  
**City-St-Zip:** BLOOMINGTON, IN 47401

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:** WILLIAM VERHAGEN

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date