

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 049 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000018386			
1. Entity Name INNOVATIVE DESIGN MANUFACTURING, INC.			
Principal Place of Business 398 VICTORIA AVE PORT SAINT JOE, FL 32456		Mailing Address PO BOX 373 PORT SAINT JOE, FL 32457	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3633030		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINHOLTZ, RICHARD E 398 VICTORIA AVE PORT ST JOE, FL 32456		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Richard E. Reinholtz</i> DATE <i>5/1/06</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete REINHOLTZ, RICHARD E 398 VICTORIA AVE PORT ST JOE, FL 32456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Richard Reinholtz 907 Long Avenue Port St Joe FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director, or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Richard E. Reinholtz</i>		DATE: <i>5/1/06</i> (850) 227-2057	