

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90009 043 ***158.75

DOCUMENT # P00000021244

1. Entity Name

OFFICE INNOVATION SERVICES, INC.



Principal Place of Business

6089 JOHNS ROAD
SUITE 12
TAMPA FL 33634

Mailing Address

6089 JOHNS ROAD
SUITE 12
TAMPA FL 33634

2. Principal Place of Business

6103 JOHNS ROAD

Suite, Apt. #, etc.

SUITE 7

City & State
TAMPA, FLORIDA

Zip

33634

Country

3. Mailing Address

6103 JOHNS ROAD

Suite, Apt. #, etc.

SUITE 7

City & State
TAMPA, FLORIDA

Zip

33634

Country



MOORE

CR2E034 (4/04)

4. FEI Number

59-3628936

Applied For

Not Applicable

5. Certificate of Status Desired

* \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RODRIGUEZ, NELSON
10509 LAKE WILLIAM DRIVE
ODESSA FL 33556

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. *

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	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, NELSON R	
STREET ADDRESS	10509 LAKE WILLIAMS DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EVELY R	
STREET ADDRESS	10509 LAKE WILLIAMS DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04

813-885-4497

Date

Daytime Phone #