

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000079813

1. Entity Name

INNOVATIVE ENCLOSURES, INC.



Principal Place of Business

5583 6TH STREET W
LEHIGH ACRES, FL 33971

Mailing Address

12290 METRO PKWY
FORT MYERS, FL 33966



03242008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1038943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLOTTO, JOSEPH A
17160 PRIMAVERA CIR
CAPE CORAL, FL 33909

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000869744
04/09/08 80056 021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
POLOTTO, JOSEPH A
17160 PRIMAVERA CIR
CAPE CORAL, FL 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
POLOTTO, SAM I
2704 SW 31ST LANE
CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
POLOTTO, FLORENCE B
17160 PRIMAVERA CIR
CAPE CORAL, FL 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

Flo Polotto Florence Polotto

3/24/2008 (239) 415-7374

Date

Daytime Phone #