



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000053084</b>		
1. Entity Name INNOVATIVE CONSTRUCTION, INC.		

Principal Place of Business 12403 EVERARD DR SPRING HILL, FL 34609 US	Mailing Address 12403 EVERARD DR SPRING HILL, FL 34609 US
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DO NOT WRITE IN THIS SPACE

		
04122008	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3721602	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145

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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: \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NOLL, SHARON L 12403 EVERARD DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NOLL, JONATHON W 12403 EVERARD DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/08-80104-023 150.00

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: Sharon L Noll SHARON L NOLL      4/11/08      813-361-4609 (C)  
813-272-7007 (W)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #