

04/21/04

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KRUSOE AND ASSOCIATES → 7273917450

NO. 014

003

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000057165	
1. Entity Name INNOVATIVE DEVELOPMENT SERVICES GROUP, INC.	

Principal Place of Business 3401 37TH STREET SOUTH ST. PETERSBURG, FL 33711	Mailing Address 3401 37TH STREET SOUTH ST. PETERSBURG, FL 33711
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1696283	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SPEAR, JO CLAIRE ESQ
9410 INTERNATIONAL COURT NORTH
ST. PETERSBURG, FL 33716-4801**

**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 reappointing DATE

**FILE NOW!!! FEE IS \$180.00
After May 1, 2004 Fee will be \$350.00**

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 MCDONALD, KATHLEEN R 3401 37TH STREET SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD THORNBURY, MARILYN 3401 37TH STREET SOUTH ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/28/04-80034-022 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/23/04 727.866.2439
Date Daytime Phone