

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000126884

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** INNOVATIVE SOLUTIONS AND SERVICES, INC.

**Current Principal Place of Business:**

124 ARUBA DRIVE  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

124 ARUBA DRIVE  
PORT SAINT JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 47-0950059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIKE, DEREK  
124 ARUBA DRIVE  
PORT SAINT JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PIKE, DEREK CEO  
Address: 124 ARUBA DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VP  
Name: SPENCER-PIKE, KATHERINE A V.P.  
Address: 124 ARUBA DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEREK PIKE

CEO

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date