

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90002 002 ***150.00

DOCUMENT # P03000038869

1. Entity Name
INNOVATIVE LIBRARIES INC.



Principal Place of Business
**1185 14 AVE NORTH
NAPLES, FL 34102**

Mailing Address
**1185 14 AVE NORTH
NAPLES, FL 34102**

54059602



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0069032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, JAMI L
1185 14 AVE NORTH
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
JONES, JAMI L
1185 14 AVE NORTH
NAPLES, FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jami L. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jami L. Jones

Date

Daytime Phone #

6/29/04 239-263-1248

54059602

Innovative Libraries
1185 14th Ave North
Naples, FL 34102
239-263-1248

PEI: 90-0069032

To Whom it may Concern:

I am asking to be forgiven for filing
the 2004 Annual report. I am asking
this on two accounts:

1. This was the first year of my small
company. I was totally focused on
paying taxes. I was not aware that
this form needed to be paid and filed.
2. ~~My husband~~ has been sick w/ cancer
and was undergoing surgery during the
spring. He died in June. I was focused
on him too and just trying to hold
things together.

Jami Jones