


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

06-01-2006 90001 013 \*\*\*150.00

<b>DOCUMENT # P03000059002</b>	
1. Entity Name <b>INVIRTUX CORPORATION</b>	

Principal Place of Business <b>200 WILLARD STREET SUITE 2A COCOA, FL 32922</b>	Mailing Address <b>200 WILLARD STREET SUITE 2A COCOA, FL 32922</b>
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**50020138**



2. Principal Place of Business <b>5180 Pine Street</b>	3. Mailing Address <b>5180 Pine Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Street</b>
City & State <b>Cocoa FL</b>	City & State <b>Co Coa FL</b>
Zip <b>32927</b> Country <b>USA</b>	Zip <b>32927</b> Country <b>USA</b>

05252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>57-1180015</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>JACOBY, DAVID H 1581 ROBERT J. CONLAN BLVD NE SUITE 107 PALM BAY, FL 32905</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
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 6, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COWAN, FRANK C 5180 PINE STREET COCOA, FL 32927</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Frank Cowan Frank Cowan 5.25.06 321.633.5555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #