

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90092 029 \*\*\*150.00

**DOCUMENT # P03000073052**

1. Entity Name

**MANAGED INNOVATIONS INC.**



Principal Place of Business

**5416 STRUTHERS RD  
WINTER HAVEN FL 33884**

Mailing Address

**5416 STRUTHERS RD  
WINTER HAVEN FL 33884**

2. Principal Place of Business

**5250 DUNDEE RD**

Suite, Apt. #, etc.

**SUITE B**

City & State

**WINTER HAVEN FL**

Zip

**33884**

Country

**UNITED STATES**

3. Mailing Address

**5250 DUNDEE RD**

Suite, Apt. #, etc.

**SUITE B**

City & State

**WINTER HAVEN FL**

Zip

**33884**

Country

**UNITED STATES**



MOORE

CR2E034 (11/03)

4. FEI Number

**56-2373856**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KENNON, MICHAEL  
5416 STRUTHERS RD  
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name

**KENNON MICHAEL**

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

**5250 DUNDEE RD**

City

**SUITE B  
WINTER HAVEN**

**FL**

Zip Code

**33884**

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

**MICHAEL KENNON**

(NOTE: Registered Agent signature required when reinstating)

**1/26/04**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **COB** ☐ Delete  
NAME **KENNON, BENJAMIN D**  
STREET ADDRESS **1226 CYPRESS POINT E**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **P** ☐ Delete  
NAME **KENNON, MICHAEL B**  
STREET ADDRESS **5416 STRUTHERS RD**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHAIRMAN / CEO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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:

**MICHAEL KENNON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/04**

Date

**883 326 5566**

Daytime Phone #