

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State


04-12-2005 90152 015 ***150.00

DOCUMENT # P03000117643	
1. Entity Name INNOVATIVE CONSTRUCTION SERVICES, INC.	

Principal Place of Business 172 AFTON LANE JACKSONVILLE, FL 32259	Mailing Address 172 AFTON LANE JACKSONVILLE, FL 32259
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20029937

2. Principal Place of Business 12627 SAN JOSE BLVD Ste. 102 JACKSONVILLE FL 32223 USA	3. Mailing Address 12627 SAN JOSE BLVD Ste 102 JACKSONVILLE FL 32223 USA
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04062005	Chg-P CR2E034 (10/03)
4. FEI Number 20-0370327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

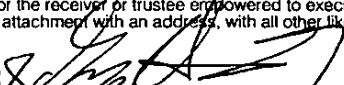
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name GREGORY P. SMARSLOK Street Address (P.O. Box Number is Not Acceptable) 12627 SAN JOSE BLVD STE 102 City JACKSONVILLE FL Zip Code 32223	
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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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input type="checkbox"/> Delete	TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMARSLOK, GREGORY P		NAME GREGORY P. SMARSLOK	
STREET ADDRESS 172 AFTON LANE		STREET ADDRESS 12627 SAN JOSE BLVD STE 102	
CITY-ST-ZIP JACKSONVILLE, FL 32259		CITY-ST-ZIP JACKSONVILLE FL 32223	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LASKOWSKI, PETER R		NAME	
STREET ADDRESS 277 BEACH BROOK ST		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32259		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	