

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90007 008 ***150.00

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1. Entity Name
INVENTIVE TECHNOLOGIES, INC.



Principal Place of Business

4628 HIATUS ROAD
TAMARAC FL 33351

Mailing Address

4628 HIATUS ROAD
TAMARAC FL 33351

2. Principal Place of Business

4804 BANYAN LANE

Suite, Apt. #, etc.

3. Mailing Address

POB 26296

Suite, Apt. #, etc.

City & State

TAMARAC, FL

Zip

33319

Country

USA

City & State

TAMARAC, FL

Zip

33320-296

Country

USA

4. FEI Number

20-0442962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSH, DAVID
4628 HIATUS ROAD
TAMARAC FL 33351

7. Name and Address of New Registered Agent

Name

Rush, DAVID

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

4804 BANYAN LANE

City

TAMARAC

FL

Zip Code

33319

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

David Rush

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

After May 1, 2005 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 D ☐ Delete
NAME RUSH, DAVID
STREET ADDRESS 4804 BANYAN LANE
CITY-ST-ZIP PLANTATION FL 33323

TITLE PD ☐ Delete
NAME JENKINS, DWAIN
STREET ADDRESS 11551 NW 20 COURT
CITY-ST-ZIP PLANTATION FL 33323

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

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

TITLE ☐ Change ☐ Addition
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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:

David Rush

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05 9549238664

Date

Daytime Phone #