

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90411 032 \*\*\*150.00

**DOCUMENT # P04000014284**

1. Entity Name  
**INNOVATIVE CONTRACTING CORPORATION**



Principal Place of Business  
**1424 WINDY BLUFF DR.  
MINNEOLA, FL 34715**

Mailing Address  
~~PO BOX 128036~~  
~~CLERMONT, FL 34712~~  
**1424 WINDY BLUFF DR**  
**MINNEOLA, FL 34715**

**50008616**



03222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

**1424 Windy Bluff Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Minneola, FL**

4. FEI Number

**77-0623263**

Applied For

Not Applicable

Zip

Country

Zip

**34715**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEMP, DYLAN  
1424 WINDY BLUFF DR.  
MINNEOLA, FL 34715**

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)

**3/28/06**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KEMP, DYLAN**  
CITY-ST-ZIP **1424 WINDY BLUFF DR.  
MINNEOLA, FL 34715**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/06**

**407 398 2776**

Date

Daytime Phone #