


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90186 030 ***150.00

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1. Entity Name
SIVITZ INNOVATIVE DESIGNS, P.A.



Principal Place of Business Mailing Address
2465 E SCARLET OAK COURT **2465 E SCARLET OAK COURT**
SARASOTA FL 34232 **SARASOTA FL 34232**



2. Principal Place of Business 3. Mailing Address
2055 Wood Street *2055 Wood Street*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 114 *Suite 114*

City & State City & State
Sarasota, FL *Sarasota, FL*
 Zip Country
34237 *USA* *34237* *U.S.A.*

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
20-1469739 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZARANTANI, GEORGE H PA
777 S PALM AVE SUITE 2
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SIVITZ, RONALD W	
STREET ADDRESS	2465 E SCARLET OAK COURT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIVITZ, BETH	
STREET ADDRESS	2465 E SCARLET OAK COURT	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sivitz, Ronald W.	
STREET ADDRESS	2055 Wood Street, Suite 114	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sivitz, Beth	
STREET ADDRESS	2055 Wood Street, Suite 114	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *Beth Sivitz* *Beth Sivitz* *2-27-06 941-916-9300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #