

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90014 019 ***150.00

DOCUMENT # P04000163513

1. Entity Name
INVENTUM SERVICES CORP.



Principal Place of Business
**401 E LAS OLAS STE 1580
FORT LAUDERDALE, FL 33301**

Mailing Address
**401 E LAS OLAS STE 1580
FORT LAUDERDALE, FL 33301**

10014001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
75-3175916

Applied For
Not Applicable

Zip

Country

Zip

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

**RYAN, TIMOTHY
401 E LAS OLAS STE 1580
FORT LAUDERDALE, FL 33301**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PYBURN, PHILIP
401 E LAS OLAS STE 1580
FORT LAUDERDALE, FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, Chairman
PYBURN, PHILIP
401 E LAS OLAS STE 1580
FORT LAUDERDALE, FL 33301** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ETTWEIN, JAMES
401 E LAS OLAS STE 1580
FORT LAUDERDALE, FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, S, T
ETTWEIN, JAMES
401 E LAS OLAS STE 1580
FORT LAUDERDALE, FL 33301** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Philip Pyburn

3/28/08