

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000085453

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** INNOVATIVE FOUNTAIN SERVICES, INC.

**Current Principal Place of Business:**

481 MCLEOD RD  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

450-106 STATE ROAD 13 NORTH  
217  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

481 MCLEOD RD  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

450-106 STATE ROAD 13 NORTH  
217  
JACKSONVILLE, FL 32259

**FEI Number:** 20-5109130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENSON, RONALD E PRESIDE  
481 MCLEOD RD  
ST. AUGUSTINE, FL 32095 US

**Name and Address of New Registered Agent:**

BENSON, RONALD E PRESIDE  
541 DANDELION DR  
ST. JOHNS, FL 32259 US

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.

SIGNATURE: JOEL C. CHAMBERLAIN, CPA PA

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: BENSON, RONALD E PRESIDE  
Address: 541 DANDELION DR  
City-St-Zip: ST. JOHNS, FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOEL C. CHAMBERLAIN, CPA PA

CPA

02/22/2011

Electronic Signature of Signing Officer or Director

Date