

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90092 014 ***163.75

40033413



03092007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5486244** Applied For ☒ Not Applicable

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

DOCUMENT # P06000110927

1. Entity Name
INNOVATIVE RENOVATION AND SOLUTION, INC.



Principal Place of Business

926 TRUMAN AVE
APT A
KEY WEST, FL 33040

Mailing Address

926 TRUMAN AVE
APT A
KEY WEST, FL 33040

2. Principal Place of Business - No P.O. Box #

4 AMARYLLIS DR.

3. Mailing Address

4 AMARYLLIS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST - KEY HAVEN

City & State

KEY WEST - KEY HAVEN

Zip
33040

Country
FLORIDA

Zip
33040

Country
FLORIDA

6. Name and Address of Current Registered Agent

OLSAK, MARTIN
926 TRUMAN AVE
APT A
KEY WEST, FL 33040

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

3/9/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

**OLSAK MARTIN
4 AMARYLLIS DR.
KEY WEST-KEY HAVEN, FL 33040**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**P
OLSAK, MARTIN
926 TRUMAN AVE, APT A
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 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

Date

Daytime Phone #

3/9/07