


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90006 033 ***158.75

DOCUMENT # P07000027880 1. Entity Name INNOVATION BENEFITS, INC.					
Principal Place of Business 110 W. REYNOLDS ST. #210 PLANT CITY, FL 33563			Mailing Address 1701 SUNSET AVE. Suite 208 ROCKY MOUNT, NC 27804		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SMITH, MICHAEL F 110 W. REYNOLDS ST. #210 PLANT CITY, FL 33563			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DIR KEENAN, STEPHEN T 1701 SUNSET AVE, SUITE 208 ROCKY MOUNT, NC 27804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Holly Roberson 1701 Sunset Ave. Ste 208 Rocky Mount NC 27804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMITH, MICHAEL 110 W. REYNOLDS ST. #210 PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Louis Barnes 1701 Sunset Ave Ste 208 Rocky Mount NC 27804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNEIDER, STEVEN 110 W. REYNOLDS ST. #210 PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Smith, Michael 110 W. Reynolds st #210 Plant City, FL 33563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERSON, HOLLY 110 W. REYNOLDS ST. #210 PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, LOUIS 110 W. REYNOLDS ST. #210 PLANT CITY, FL 33563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	