

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082347

FILED
Apr 21, 2009
Secretary of State

Entity Name: INNOVATIVE INDUSTRIAL SUPPLY, INC.

Current Principal Place of Business:

7435 SW 32ND STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

7435 SW 32ND STREET
OCALA, FL 34474

New Mailing Address:

FEI Number: 13-4362446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, KEVIN K P.A.
210 WEST HIGHLAND BLVD
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANNON, NICOLETTE TRUSTEE
Address: 9140 SW 52ND TERR
City-St-Zip: OCALA, FL 34476

Title: T (X) Delete
Name: BENNETT, JEFF S
Address: PO BOX 1341
City-St-Zip: LAKE PANASOFKEE, FL 33538

Title: V () Delete
Name: HANNON, CHRISTOPHER TRUSTEE
Address: 9140 SW 52ND TERR
City-St-Zip: OCALA, FL 34476

Title: S (X) Delete
Name: THOMPSON, DANIEL
Address: 3590 E CAMP IZZARD PLACE
City-St-Zip: DUNNELLON, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NICOLETTE HANNON

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date