2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2009
Secretary of State

DOCUMENT# P08000058888

Entity Name: INNOVATIVE CONCEPTS MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

632 S. INGRAHAM AVE
LAKELAND, FL 33801 US

New Principal Place of Business:

3120 REYNOLDS RD.
LAKELAND, FL 33803 US

Current Mailing Address:

632 S. INGRAHAM AVE
LAKELAND, FL 33801 US

New Mailing Address:

3120 REYNOLDS RD.
LAKELAND, FL 33803 US

FEI Number: 26-2808665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEARIN, CARL L
212 EAGLE LAKE LOOP RD
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

MURRAY, JAMES D
1107 MOHICAN TRAIL
MULBERRY, FL 33860 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: JAMES D. MURRAY 09/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILSON, DONNA A
Address: 632 S. INGRAHAM AVE.
City-St-Zip: LAKELAND, FL 33801 US

Title: VP ( ) Delete
Name: JACKSON, TIMOTHY J
Address: 632 S. INGRAHAM AVE
City-St-Zip: LAKELAND, FL 33801 US

Title: S ( ) Delete
Name: JACKSON, TIMOTHY J
Address: 632 S. INGRAHAM AVE
City-St-Zip: LAKELAND,, FL 33801 US

Title: T ( ) Delete
Name: WILSON, DONNA A
Address: 632 S. INGRAHAM AVE
City-St-Zip: LAKELAND, FL 33801 US

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: DONNA A. WILSON PRES 09/08/2009
Electronic Signature of Signing Officer or Director Date