2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000085014

1. Entity Name
INNOVAK OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1221 LEE RD ORLANDO, FL 32810 US	PO BOX 6308 SPARTANBURG, SC 29304 US

03092006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0992134

Applied For
Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGEE, PEREZ & POWERS, P.A.
201 E PINE ST
SUITE 700
ORLANDO, FL 32801

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

8. Election Campaign Financing
Trust Fund Contribution. ☐ $5.00 May Be
Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	REMINGTON, ROBERT J
STREET ADDRESS	119 BOY ST
CITY-ST-ZIP	SPARTANBURG, SC 29304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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04/11/06-80076-024 158.75

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IN THIS SPACE

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: _____ ROBERT J REMINGTON   3-20-6   8645030462
Signature and typed or printed name of signing officer or director   Date   Daytime Phone #