

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90022 003 ***150.00

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1. Entity Name

INNOVATIVE DESIGN SOLUTIONS, INC.



Principal Place of Business

410 NORTH WICKHAM ROAD
SUITE 201
MELBOURNE FL 32935
US

Mailing Address

410 NORTH WICKHAM ROAD
SUITE 201
MELBOURNE FL 32935
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3230770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAIRD, DONALD W
410 N WICKHAM RD
SUITE 201
MELBOURNE FL 32935

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME BRANTLEY, STEVEN ☐ Delete
STREET ADDRESS 645 S HEDGE COCK SQUARE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE TREA
NAME LAIRD, DONALD W ☐ Delete
STREET ADDRESS 335-60 PARADISE BLVD
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE PRES ☒ Delete
NAME JEFFERY, ANDERSON
STREET ADDRESS 2355 HALL ROAD
CITY-ST-ZIP MALABAR FL 32950

TITLE ☐ Delete
NAME Randy Heilman
STREET ADDRESS NEW PRESIDENTS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Randy Heilman
STREET ADDRESS PRESIDENT 4765 SUGAR CREEK DR
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] TREASURER

1/21/06

321 254-1173 X10