

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 91040 005 ***150.00

DOCUMENT # P94000065888

1. Entity Name
INNOVATIVE ADVERTISING, INC.



Principal Place of Business
6515 1ST AVE S
ST. PETERSBURG, FL 33707 US

Mailing Address
6515 1ST AVE S
ST. PETERSBURG, FL 33707 US

2. Principal Place of Business

6765 W. Riverbend Rd
Suite, Apt. #, etc.

3. Mailing Address

6765 W. Riverbend Rd
Suite, Apt. #, etc.

City & State

Dunnellon FL

City & State

Dunnellon FL

4. FEI Number

59-3262877

Applied For

Not Applicable

Zip

34433

Country

USA

Zip

34433

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILBANKS, CONSTANCE M
6515 1ST AVE S
ST. PETERSBURG, FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

6765 W. Riverbend Rd

City

Dunnellon

FL

Zip Code

34433

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CEO
NAME LINO, ALFRED L JR
STREET ADDRESS 6515 1ST AVE S
CITY-ST-ZIP ST PETERSBURG, FL 33707

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

6765 W. Riverbend Rd
Dunnellon FL 34433

TITLE P
NAME WILBANKS, CONSTANCE M
STREET ADDRESS 6515 1ST AVE S
CITY-ST-ZIP ST PETERSBURG, FL

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

6765 W. Riverbend Rd
Dunnellon FL 34433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 exemption stated in Section 119.07(3)(i), 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: Constance M. Wilbanks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 727-384-3700
Date
Daytime Phone #