


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
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2. Principal Place of Business 6765 W. Riverbend Rd Suite, Apt. #, etc.	3. Mailing Address 6765 W. Riverbend Rd Suite, Apt. #, etc.
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City & State Dunnellon FL	City & State Dunnellon FL
Zip 34433	Zip 34433
Country USA	Country USA

6. Name and Address of Current Registered Agent WILBANKS, CONSTANCE M 6515 1ST AVE S ST. PETERSBURG, FL 33707	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6765 W. Riverbend Rd City Dunnellon FL Zip Code 34433	
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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.	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LINO, ALFRED L JR 6515 1ST AVE S ST PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6765 W. Riverbend Rd Dunnellon FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILBANKS, CONSTANCE M 6515 1ST AVE S ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6765 W. Riverbend Rd Dunnellon FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: Constance M. Wilbanks	Date: 4/30/04	Phone: 727-384-3700
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