

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90073 039 \*\*\*150.00

**DOCUMENT # P95000038659**

**1. Entity Name**  
**INNOVATIVE TECHNOLOGIES GROUP INC.**



**Principal Place of Business**

11123 HANNAWAY DR.  
RIVERVIEW, FL 33569

**Mailing Address**

PO BOX 3656  
RIVERVIEW, FL 33568



01132004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
59-3320182

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DARSEY, JOHN D III  
11123 HANNAWAY DR.  
RIVERVIEW, FL 33569

**DO NOT WRITE  
IN THIS SPACE**

**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 re-registering)

**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** V  
**NAME** DARSEY, JOHN D III  
**STREET ADDRESS** 11123 HANNAWAY DR.  
**CITY-ST-ZIP** RIVERVIEW, FL 33569

**TITLE** P  
**NAME** DARSEY, TINA P  
**STREET ADDRESS** 11123 HANNAWAY DR.  
**CITY-ST-ZIP** RIVERVIEW, FL 33569

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #