

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000044168

1. Entity Name
INNOVATIVE TECH, INC.



Principal Place of Business
**556 RIVER PLANTATION RD
CRAWFORDVILLE FL 32327
US**

Mailing Address
**556 RIVER PLANTATION RD
CRAWFORDVILLE FL 32327
US**



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

City & State

4. FEI Number **59-3323580**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FITCH-CLEWIS, ROBIN S
556 RIVER PLANTATION ROAD
CRAWFORDVILLE FL 32327**

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
FITCH-CLEWIS, ROBIN S
556 RIVER PLANTATION ROAD
CRAWFORDVILLE FL 32327**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**U00000608332
02/01/07-80007-002 158.75**

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VPT
CLEWIS, KEVIN
556 RIVER PLANTATION ROAD
CRAWFORDVILLE FL 32327**

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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: **Robin S. Fitch-Clewis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robin S. Fitch-Clewis
Pres./CEO**

1/19/07

850/925-7701

Date

Daytime Phone #