


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P95000044168 1. Entity Name INNOVATIVE TECH, INC. |  |
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|---|---|
| Principal Place of Business 556 RIVER PLANTATION RD CRAWFORDVILLE FL 32327 US | Mailing Address 556 RIVER PLANTATION RD CRAWFORDVILLE FL 32327 US |
|---|---|



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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E034 (10/07)

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3323580 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent FITCH-CLEWIS, ROBIN S 556 RIVER PLANTATION ROAD CRAWFORDVILLE FL 32327 | 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 _____ DATE _____

(NOTE: Registered Agent signature required when changing)

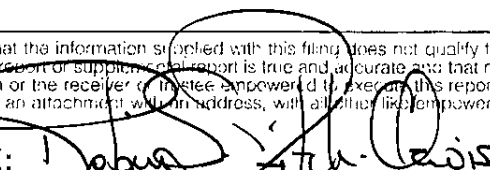
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | P <input type="checkbox"/> Delete FITCH-CLEWIS, ROBIN S 556 RIVER PLANTATION ROAD CRAWFORDVILLE FL 32327 |
| TITLE | VPT <input type="checkbox"/> Delete CLEWIS, KEVIN 556 RIVER PLANTATION ROAD CRAWFORDVILLE FL 32327 |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000883935 04/17/08-20026-005 158.75 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 supplied with this 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 information.

SIGNATURE:  **Robin S. Fitch-Clewis**

850/925-7701