

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000069313**

1. Entity Name  
**INVERNESTORS, INC.**



Principal Place of Business  
**916 US HIGHWAY 41 SOUTH  
INVERNESS, FL 34450**

Mailing Address  
**916 US HIGHWAY 41 SOUTH  
INVERNESS, FL 34450**



04042005 No.Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3334266**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DUTEAU, MARIA R  
916 US HIGHWAY 41 SOUTH  
INVERNESS, FL 34450**

**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 registering.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	TUFTS, LYNDIA B
STREET ADDRESS	8941 DEVILS NECK RD
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	P
NAME	GRIMNES, DORIS L
STREET ADDRESS	103 S SUNSET TERRACE
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	T
NAME	ROGERS, ANN
STREET ADDRESS	1247 SOUTH ESTATE POINT
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	V
NAME	HERB, MORRICE S
STREET ADDRESS	6018 S FLORIDA AVENUE
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	S
NAME	LAPIANA, MARY C
STREET ADDRESS	218 CHAMPION AVENUE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000302346  
04/13/05-80066-017 150.00

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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)(f), 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:** Doris L. Grimnes 04/09/05 352-637-3285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres Date Daytime Phone #