

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 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**



04032006 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TUFTS, LYNDIA B 8941 DEVILS NECK RD FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMNES, DORIS L 103 S SUNSET TERRACE INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, ANN 1247 SOUTH ESTATE POINT INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERB, MORRICE S 8018 S FLORIDA AVENUE FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPIANA, MARY C 218 CHAMPION AVENUE INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UB00000497181
04/22/06-80043-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doris L. Grimnes **D.L. GRIMNES PRESIDENT** 04/05/06 (352) 724 1502