


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000069313</b>	
1. Entity Name <b>INVERNESTORS, INC.</b>	

Principal Place of Business <b>916 US HIGHWAY 41 SOUTH INVERNESS, FL 34450</b>	Mailing Address <b>916 US HIGHWAY 41 SOUTH INVERNESS, FL 34450</b>
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**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3334266</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 6018 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	

U00000684851  
04/06/07-80049-009 150.00

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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:** Lynda B. Tufts Lynda B. Tufts 3-27-07 726-3328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #