


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 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
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3334266	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUTEAU, MARIA R 916 US HIGHWAY 41 SOUTH INVERNESS, FL 34450
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	

DO NOT WRITE
IN THIS SPACE

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04/25/08-80026-013 150.00

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: <u>Ann Rogers</u> ANN ROGERS, TREASURER	Date: <u>04/10/08</u>	Daytime Phone #: <u>352 637-3285</u>
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