

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000069313

Entity Name: INVERNESTORS, INC.

FILED
Jun 26, 2009
Secretary of State

Current Principal Place of Business:

916 US HIGHWAY 41 SOUTH
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

916 US HIGHWAY 41 SOUTH
INVERNESS, FL 34450

New Mailing Address:

1247 SOUTH ESTATE POINT
INVERNESS, FL 34450

FEI Number: 59-3334266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: TUFTS, LYNDIA B
Address: 8941 DEVILS NECK RD
City-St-Zip: FLORAL CITY, FL 34436

Title: P () Delete
Name: GRIMNES, DORIS L
Address: 103 S SUNSET TERRACE
City-St-Zip: INVERNESS, FL 34450

Title: T () Delete
Name: ROGERS, ANN
Address: 1247 SOUTH ESTATE POINT
City-St-Zip: INVERNESS, FL 34450

Title: V () Delete
Name: HERB, MORRICE S
Address: 6018 S FLORIDA AVENUE
City-St-Zip: FLORAL CITY, FL 34436

Title: S () Delete
Name: LAPIANA, MARY C
Address: 218 CHAMPION AVENUE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN ROGERS

TREA

06/26/2009

Electronic Signature of Signing Officer or Director

Date