


FILED  
May 03, 2004 08:00 AM  
Secretary of State

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P96000045198	
1. Entity Name INNOVATIVE ORGANIZATIONAL CONCEPTS INC.	

Principal Place of Business 5301 LEGEND HILLS LANE BROOKSVILLE, FL 34609 US	Mailing Address 5301 LEGEND HILLS LANE BROOKSVILLE, FL 34609 US
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3381407	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREEDEN, WANDA J  
5301 LEGEND HILLS LANE  
BROOKSVILLE, FL 34609

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: The agent's signature is required when renewing.)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE ZIP	P BREEDEN, WANDA J 5301 LEGENDS HILL LANE BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-STATE ZIP	ST WOOD, WILLIAM T 5301 LEGENDS HILL LANE BROOKSVILLE, FL 34609
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05/03/04-90142-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. Wood WILLIAM T. WOOD 4/28/04 (352) 799-7158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Photo ID