

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000046529**

1. Entity Name  
**INNOVATIVE RESEARCH AND DEVELOPMENT  
CORPORATION**



Principal Place of Business  
**2430 PERIWINKLE WAY  
STE B  
SANIBEL ISLAND, FL 33957**

Mailing Address  
**PO BOX 716  
SANIBEL ISLAND, FL 33957**



03272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0679808**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ARMENIA, JOHN  
3430 PERIWINKLE WAY  
SUITE B2  
SANIBEL ISLAND, FL 33957**

**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**

U00000527926  
05/05/06-80016-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ARMENIA, JOHN  
STREET ADDRESS 15631 CAPTIVA DR. S.W.  
CITY-ST-ZIP CAPTIVA ISLAND, FL 33924

TITLE VD  
NAME CALCIANO, ALFRED  
STREET ADDRESS 15072 BRIAR RIDGE CIRCLE  
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE SD  
NAME ARMENIA, LUCY  
STREET ADDRESS 15631 CAPTIVA DR. S.W.  
CITY-ST-ZIP CAPTIVA ISLAND, FL 33924

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

*John Armenia, Secretary* 4/20/06 239-395-9300