

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90111 003 \*\*\*150.00

**DOCUMENT # P96000100059**

1. Entity Name  
**INNOVATIVE BENEFIT SOLUTIONS, INC.**



40004948



Principal Place of Business Mailing Address  
452 OSCEOLA ST 452 OSCEOLA ST  
111 #111  
ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, FL 32701 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**877 EAGLE CLAW Ct** **877 Eagle Claw Ct**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

01182007 Chg-P CR2E034 (12/06)

City & State City & State  
**LAKE MARY FL** **LAKE MARY, FL**  
Zip Country Zip Country  
**32746 Seminole** **32746 Seminole**

4. FEI Number Applied For  
**59-3404938** Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY-WILLIAMSON, JOAN M  
452 OSCEOLA STREET  
#111  
ALTAMONTE SPRINGS, FL 32701

Name  
**Joan Kelly-Williamson**  
Street Address (P.O. Box Number is Not Acceptable)  
**877 EAGLE CLAW Ct**  
City **LAKE MARY** FL Zip Code **32746**

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 **Joan M. Kelly-Williamson** DATE **1-18-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	KELLY-WILLIAMSON, JOAN M	130 MEADOW BLVD.	SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete							
<input type="checkbox"/> Delete							
<input type="checkbox"/> Delete							
<input type="checkbox"/> Delete							
<input type="checkbox"/> Delete							
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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 **Joan M. Kelly-Williamson** DATE **1/18/07** DAYTIME PHONE # **407-321-0805**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR