

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90078 040 ***150.00

DOCUMENT # P97000038222

1. Entity Name
OFFICE INNOVATIONS, INC.



40038285

Principal Place of Business
**4676-1 DUSK COURT
JACKSONVILLE, FL 32207**

Mailing Address
**4676-1 DUSK COURT
JACKSONVILLE, FL 32207**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3450745

Applied For
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

**LECALSEY, CHERYL M
13810 SUTTON PARK DRIVE NORTH
#120
JACKSONVILLE, FL 32224**

Name
LeCalsey, Cheryl M

Street Address (P.O. Box Number is Not Acceptable)

1225 Redcliffe Lane

City **St. Augustine**

FL

Zip Code
32095

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, 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
☐ Delete

**O
LECALSEY, CHRISTOPHER R
13810 SUTTON PARK DRIVE NORTH
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

**O
LeCalsey, Christopher R
1225 Redcliffe Lane
St. Augustine, FL 32095**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**O
LECALSEY, CHERYL M
13810 SUTTON PARK DRIVE NORTH
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

**O
LeCalsey, Cheryl M
1225 Redcliffe Lane
St. Augustine, FL 32095**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**O
BUSBEE, GRANT M
10643 LAKEVIEW ROAD EAST
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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: *Cheryl M. LeCalsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl M. LeCalsey President 3/5/07

Date

904-133-0707

Days/Phone #