


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90161 009 ***150.00

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| DOCUMENT # P97000058869 |  |
| 1. Entity Name INNOVATIVE DEVELOPMENT OF SOUTH WEST FLORIDA, INC. | |

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| Principal Place of Business 330 14TH AVE NW NAPLES, FL 34120 | Mailing Address 330 14TH AVE NW NAPLES, FL 34120 |
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| 2. Principal Place of Business 6945 Sunny Brook Blvd. Suite, Apt. #, etc. | 3. Mailing Address 6945 Sunny Brook Blvd. Suite, Apt. #, etc. |
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| City & State Englewood FL | City & State Englewood FL |
| Zip 34224 | Country USA |

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| 6. Name and Address of Current Registered Agent COTTEZ, TIMOTHY J P.A. 999 9TH ST S SUITE 103 NAPLES, FL 34102 | |
| 7. Name and Address of New Registered Agent Name Yhovanni Otero Street Address (P.O. Box Number is Not Acceptable) 6975 - 40th STREET NE. City NAPLES FL Zip Code 34120 | |

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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 Yhovanni Otero <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE 4-5-05 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OTERO, YHOVANNI 330 14TH AVE NW NAPLES, FL 34120 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6975-40th AVE NW |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V OTERO, OSVALDO 6975 40TH STREET NE NAPLES, FL 34120 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 330-14th AVE NE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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 Yhovanni Otero <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE 4-5-05 DAYTIME PHONE # 941-474-7400 |

40053092



04052005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0766333

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