2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000034329

1. Entity Name
INNOVATIVE ELEVATORS, INC.

Principal Place of Business	Mailing Address
4302 E. 10TH AVENUE SUITE 304 TAMPA, FL 33605 US	4302 E. 10TH AVENUE SUITE 304 TAMPA, FL 33605 US

DO NOT WRITE IN THIS SPACE

07172008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3504603	Not Applicable

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

6. Name and Address of Current Registered Agent

KOWALCZYK, FRANK
8704 TERRA OAKS ROAD
TAMPA, FL 33637

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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: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	KOWALCZYK, FRANK
STREET ADDRESS	16212 SWENSON TERR.
CITY-ST-ZIP	LUTZ, FL 33549

TITLE	DV
NAME	MUTO, DAVID
STREET ADDRESS	6680-12TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33710

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000959450
09/11/08-80001-001 550.00

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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: _____ FRANK KOWALCZYK   9/4/08   813-241-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #