

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90023 022 ***150.00

DOCUMENT # P98000100389

1. Entity Name
INTEGRATED ECONOMIC SOLUTIONS CORPORATION



Principal Place of Business
**1825 BRIGHTWATERS BLVD NE
ST PETERSBURG, FL 33704**

Mailing Address
**P O BOX 825
CRYSTAL BEACH, FL 34681**

40103376



03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1751150

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GANS, RICHARD R
1515 RINGLING BLVD, SUITE 1000
SARASOTA, FL 34236**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOWETT, JAMES R
STREET ADDRESS	954 POINT SEASIDE DR
CITY - ST - ZIP	CRYSTAL BCH, FL 34681
TITLE	DC
NAME	MASON, ROBERT J
STREET ADDRESS	9814 CLUBHOUSE DRIVE
CITY - ST - ZIP	BRADENTON, FL 34202
TITLE	DVCO
NAME	WEINER, LAWRENCE A
STREET ADDRESS	1825 BRIGHTWATER BLVD NE
CITY - ST - ZIP	SAINT PETERSBURG, FL 33704
TITLE	DSTC
NAME	KASHKASHIAN, DIKRAN
STREET ADDRESS	3069 5TH ST.
CITY - ST - ZIP	BOULDER, CO 80304
TITLE	DV
NAME	DAVIDSON, GORDON M
STREET ADDRESS	8400 BAYBERRY RIDGE ROAD
CITY - ST - ZIP	FAIRFAX STATION, VA 22039
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

4/14/08

Date

Daytime Phone #