

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90004 004 ***158.75

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1. Entity Name
I 2 IT, INC.



Principal Place of Business
13842 CR 109-D-3
LADY LAKE, FL 32159

Mailing Address
13842 CR 109-D-3
LADY LAKE, FL 32159

2. Principal Place of Business

3. Mailing Address
2215 SE Fort King St

Suite, Apt. #, etc.

Suite, Apt. #, etc.
B

City & State

City & State
Ocala FL

Zip

Country

Zip

34471

Country

Marion

01192006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-0275976

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STALEY, BRIAN
13842 CR 109-D-3
LADY LAKE, FL 32159

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME MACKIEWIEZ, GARY
STREET ADDRESS 3908 SE 150 STREET
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE D ☐ Delete
NAME STALEY, BRIAN
STREET ADDRESS 3908 SE 150 STREET
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE P ☒ Change ☐ Addition
NAME Brian Staley
STREET ADDRESS 13842 CR 109 D-3
CITY-ST-ZIP Lady Lake, FL 32159

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

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

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

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

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

Brian Staley, 3/7/06 352-351-84699