

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094930

Entity Name: J. IVAN & ASSOCIATES, INC.

FILED  
Apr 23, 2004  
Secretary of State

## Current Principal Place of Business:

1286 LARCH WAY  
WELLINGTON, FL 33414 US

## New Principal Place of Business:

## Current Mailing Address:

1286 LARCH WAY  
WELLINGTON, FL 33414 US

## New Mailing Address:

FEI Number: 20-0187655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESCALERA, DIANE  
1286 LARCH WAY  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESCALERA, JOSE I  
Address: 1286 LARCH WAY  
City-St-Zip: WELLINGTON, FL 33414 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: ESCALERA, DIANE  
Address: 1286 LARCH WAY  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE I. ESCALERA

P

04/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date