

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000094930	
1. Entity Name J. IVAN & ASSOCIATES, INC.	

Principal Place of Business 1286 LARCH WAY WELLINGTON, FL 33414 US	Mailing Address 1286 LARCH WAY WELLINGTON, FL 33414 US
--	--

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (11/05)

4. FCI Number 20-0187655	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent ESCALERA, DIANE 1286 LARCH WAY WELLINGTON, FL 33414

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.

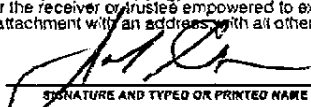
SIGNATURE _____ Signature, typed or printed name of registered agent and if not applicable, (NOTE: Registered Agent signature required when renewing)	DATE _____
---	------------

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	000000514349 04/28/06-80167-012 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ESCALERA, JOSE I 1286 LARCH WAY WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ESCALERA, DIANE 1286 LARCH WAY WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  JOSE I. ESCALERA	4/13/06	561-204-6586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #