

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90034 034 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 174			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LOXAHATCHEE, FL		4. FEI Number 20-0187655	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33470		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ESCALERA, DIANE 1286 LARCH WAY WELLINGTON, FL 33414			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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCALERA, JOSE I 1286 LARCH WAY WELLINGTON, FL 33414 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCALERA, DIANE 1286 LARCH WAY WELLINGTON, FL 33414 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/8/08 561-204-6586 Date Daytime Phone #		