

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90498 001 ***300.00

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|--|--|--|--|---------|--|
| DOCUMENT # S13417 1. Entity Name IVORY INVESTMENTS, INC. | | | | | |
| Principal Place of Business 1611A ALDEN ROAD ORLANDO, FL 32803 US | | | Mailing Address P.O. BOX 1193 ORLANDO, FL 32802-1193 US | | |
| 2. Principal Place of Business 450 N. Wymore Road | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Winter Park Florida | | City & State | | | |
| Zip 32789 Country USA | | Zip | | Country | |
| 4. FEI Number 59-3055145 | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent GONSALVES, VERA 1936 LEE RD SUITE 101 WINTER PARK, FL 32789 | | | 7. Name and Address of New Registered Agent Name W&P Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 450 N. Wymore Road City Winter Park FL Zip Code 32789 | | |
| 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 DATE 27 Apr 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | VP SAHNI, D S 1611A ALDEN ROAD ORLANDO, FL 32803 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VG GONSALVES, VERA T 1611A ALDEN ROAD ORLANDO, FL 32803 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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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: 4/26/06 407-484-7278 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |