

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT #621674

Entity Name  
**IGM ASSOCIATE, INC.**



Principal Place of Business  
**202 NW 3RD STREET  
POMPANO BEACH, FL 33069 US**

Mailing Address  
**POST OFFICE BOX 6052  
POMPANO BEACH, FL 33060**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1911033</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCWHORTER, DELMAR G PRES  
447 LAGOON COURT  
KENANSVILLE, FL 34739**

**DO NOT WRITE  
IN THIS SPACE**

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

1100000996734  
01/30/06-80021-015 150.00

**OFFICERS AND DIRECTORS**

NAME	PD
NAME	MCWHORTER, DELMAR G PRES
STREET ADDRESS	447 LAGOON COURT
CITY-ST-ZIP	KENANSVILLE, FL 34739
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 lines empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DELMAR G. MCWHORTER**

Date

Daytime Phone #

1/11/06 954-941-9232