

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90022 006 \*\*\*150.00

<b>DOCUMENT # F01000000512</b>	
1. Entity Name <b>IVIGENE CORPORATION</b>	



Principal Place of Business <b>12085 RESEARCH DRIVE ALACHUA, FL 32615</b>	Mailing Address <b>12085 RESEARCH DRIVE ALACHUA, FL 32615</b>
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2. Principal Place of Business <b>13700 PROGRESS BVD.</b>	3. Mailing Address <b>13700 PROGRESS BVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02112005 Chg-P CR2E034 (10/03)

City & State <b>Alachua FL</b>	City & State <b>Alachua FL</b>
Zip <b>32615</b>	Zip <b>32615</b>
Country <b>Alachua</b>	Country <b>Alachua</b>

4. FEI Number <b>59-3637646</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SOPONIS, MENTO A 12085 RESEARCH DRIVE ALACHUA, FL 32615</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOPONIS, MENTO A 12085 RESEARCH DRIVE ALACHUA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ZAHRADNIK, RUBERT 500 WHITE DRIVE BATESVILLE, AR <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLMAN, JEFFREY D 12085 RESEARCH DRIVE ALACHUA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PROGULSKY-FOX, ANN COLLEGE OF DENTISTRY GAINESVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOPONIS, MENTO A 13700 PROGRESS BLVD ALACHUA, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ZAHRADNIK, ROBERT 119 ASHLEY LANE SEARCY, AR 72143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLMAN, JEFFREY D 13700 PROGRESS BLVD ALACHUA, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mento A Soponis 021105 386-418-4018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #