

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F01000005476**

1. Entity Name

IVY ENGINEERING ASSOCIATES, INC.



Principal Place of Business

1358 WHISPER BAY BLVD  
GULF BREEZE, FL 32563-2656

Mailing Address

1358 WHISPER BAY BLVD  
GULF BREEZE, FL 32563-2656



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

64-0576538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

IVY, CHARLES B  
1358 WHISPER BAY BLVD  
GULF BREEZE, FL 32563-2656

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

U00000852350  
03/26/08-80025-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PCD  
NAME IVY, CHARLES B  
STREET ADDRESS 1358 WHISPER BAY BLVD  
CITY-ST-ZIP GULF BREEZE, FL 325632656

TITLE SD  
NAME IVY, NANCY T  
STREET ADDRESS 1358 WHISPER BAY BLVD  
CITY-ST-ZIP GULF BREEZE, FL 325632656

TITLE D  
NAME IVY, MARGUERITE C  
STREET ADDRESS 543 OVERSTREET DRIVE  
CITY-ST-ZIP STARKVILLE, MS 39759

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:

CHARLES B. IVY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-08 (850)916-5104

Date

Daytime Phone #