

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003897

1. Entity Name
IVECON CORPORATION



Principal Place of Business
**3593 23RD AVENUE NORTH
ST PETERSBURG, FL 33713**

Mailing Address
**3593 23RD AVENUE NORTH
ST PETERSBURG, FL 33713**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3681572	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SOLOMON, JAY D
3593 23RD AVENUE NORTH
ST PETERSBURG, FL 33713**

**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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SOLOMON, JAY D
STREET ADDRESS	3593 23RD AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	TD
NAME	ZIEGLER, JOHN A
STREET ADDRESS	4626 5TH STREET SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33705
TITLE	D
NAME	LARSEN, LANCE
STREET ADDRESS	3958 AURORA AVENUE
CITY-ST-ZIP	DES MOINES, IA 50310
TITLE	S
NAME	D'LEON, MAURICIO
STREET ADDRESS	10460 ROOSEVELT BLVD NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33716
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08

127 322 5111