

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005703

Entity Name: IVANS, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

100 FIRST STAMFORD PLACE
3RD FLOOR
STAMFORD, CT 06902

New Principal Place of Business:

Current Mailing Address:

5405 CYPRESS CENTER DR
SUITE 150
TAMPA, FL 336091000

New Mailing Address:

FEI Number: 13-3142765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCYSHYN, PAT
5405 CYPRESS CENTER DR.
SUITE 150
TAMPA, FL 336091000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ENTRINGER, JAMES
Address: 10801 E HAPPY VALLEY RD #124
City-St-Zip: SCOTTSDALE, AZ 85255

Title: VT () Delete
Name: DOBISH, JEFFREY
Address: 12102 CANTERBURY PARK CT.
City-St-Zip: TAMPA, FL 33626

Title: C () Delete
Name: PAYNE, ROBERT S
Address: 3 BLACKMAN ROAD
City-St-Zip: RIDGFIELD, CT 06877

Title: D () Delete
Name: GOWDY, ROBERT C
Address: 64 OX BOW ROAD
City-St-Zip: WWESTON, MA 02493

Title: D () Delete
Name: SUWINSKI, JAN
Address: 451 SHEFFIELD RD
City-St-Zip: ITHACA, NY 14850

Title: PDS () Delete
Name: DENICOLA, CLARE
Address: 25 WILLOW RUN RD
City-St-Zip: GREENWICH, CT 06831

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOWDY, ROBERT C
Address: 64 OX BOW ROAD
City-St-Zip: WESTON, MA 02493

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY DOBISH

VT

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date