


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J98145

1. Entity Name
IVEY & ASSOCIATES, INC.



Principal Place of Business Mailing Address

**6226 KINGBIRD MANOR
LITHIA FL 33547
US**

**PO BOX 6549
BRANDON FL 33508
US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For

59-2851843 Not Applicable

6. Name and Address of Current Registered Agent

**IVEY, THOMAS R
4503 RIVER OVERLOOK DR.
LUTZ FL 33549**

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	PCM	<input type="checkbox"/> Delete
NAME	IVEY, THOMAS R	
STREET ADDRESS	4503 RIVER OVERLOOK DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EFTYHIA, IVEY	
STREET ADDRESS	4503 RIVER OVERLOOK DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000575739
08/31/06-80002-002 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Date: **7/31/06** Daytime Phone #: **813-651-0505**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR