

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90044 013 ***550.00

DOCUMENT # J98145

1. Entity Name
IVEY & ASSOCIATES, INC.



Principal Place of Business
**6226 KINGBIRD MANOR
 LITHIA FL 33547
 US**

Mailing Address
**PO BOX 6549
 BRANDON FL 33508
 US**



2. Principal Place of Business - No P.O. Box #
16120 Bridgedale Dr

3. Mailing Address
 Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/07)

City & State
Lithia Florida

City & State

4. FEI Number
59-2851843

Applied For
 Not Applicable

Zip
33547

Country
U.S.

Zip Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
16120 Bridgedale Dr

City **LITHIA** FL Zip Code **33547**

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 *Thomas R Ivey* **PCM** DATE **8/29/07**

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCM IVEY, THOMAS R 4503 RIVER OVERLOOK DR. VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EFTYHIA, IVEY 4503 RIVER OVERLOOK DR. VALRICO FL 33594	<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
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16120 Bridgedale Dr LITHIA, FL 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16120 Bridgedale Dr LITHIA, FL 33547	<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 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: *Thomas R Ivey* **PCM** DATE **8/29/07** DAYTIME PHONE # **813-651-0515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR