

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 25, 2008 8:00 am**  
**Secretary of State**

07-25-2008 90010 010 \*\*\*550.00

**DOCUMENT # J98145**

1. Entity Name  
**IVEY & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

**16120 BRIDGEDALE DR  
LITHIA FL 33547  
US**      **PO BOX 6549  
BRANDON FL 33508  
US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**6104 Whimbrelwood Dr**      Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State

**LITHIA FL**      **LITHIA FL**

4. FEI Number      Applied For

**59-2851843**       Not Applicable

Zip      Country      Zip      Country

**33547**      **USA**      **33547**      **USA**

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

**6. Name and Address of Current Registered Agent**

**IVEY, THOMAS R  
16120 BRIDGEDALE DR  
LITHIA FL 33547**

**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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCM	IVEY, THOMAS R	16120 BRIDGEDALE DR	LITHIA FL 33547	<input type="checkbox"/>
STD	EFTYHIA, IVEY	16120 BRIDGEDALE DR	LITHIA FL 33547	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**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
		6104 Whimbrelwood Dr	LITHIA, FL 33547	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		6104 Whimbrelwood Dr	LITHIA, FL 33547	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Thomas R Ivey*      **Thomas R Ivey**      **6/5/08**      **813-651-0515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #