2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# M80923

Entity Name: THE IRVING CORPORATION

Current Principal Place of Business:

10585 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

10585 ATLANTIC BLVD
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-2887585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALEANI, JOHN
10585 ATLANTIC BLVD
JACKSONVILLE, FL 32225 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:	DC	( ) Delete
Name:	BRESNAN, WILLIAM	
Address:	ONE MANHATTANVILLE RD.	
City-St-Zip:	PURCHASE, NY 10577	
Title:	DP	( ) Delete
Name:	GALEANI, JOHN,	
Address:	10585 ATLANTIC BLVD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	VCFP	( ) Delete
Name:	SALVATORE, ROSA	
Address:	10585 ATLANTIC BLVD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	S	( ) Delete
Name:	BRESNAN, ROBERT	
Address:	ONE MANHATTANVILLE RD.	
City-St-Zip:	PURCHASE, NY 10577	
Title:	D	( ) Delete
Name:	GISLASON, PAUL,	
Address:	1505 SQUIRRELS NEST RD.	
City-St-Zip:	MANKATO, MN 56050	
Title:	D	( ) Delete
Name:	MEREDITH, DONALD,	
Address:	40 HANTEN DR	
City-St-Zip:	MANKATO, MN 56001	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VT	(X) Change ( ) Addition
Name:	SALVATORE, ROSA	
Address:	10585 ATLANTIC BLVD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: SALVATORE ROSA VT 02/18/2009

Electronic Signature of Signing Officer or Director Date