

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

DOCUMENT # **N02** — **4586**

1. Entity Name

Ivey's Imperial Mass Chair USA, Inc.



FILED

07 JUN 26 AM 7:09

**CLERK OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Meryn J. Ivey
Suite, Apt. #, etc.
2327-18th St. So.
City & State
St. Petersburg Fla

3. Mailing Address

P.O. Box 13756
Suite, Apt. #, etc.
St. Petersburg Fla
City & State
33733

CR2E034B (8/05)

4. FEI Number

03-0548701

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Meryn J. Ivey

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

2327-18th St So

City

St. Petersburg FLA FL

Zip Code

33712

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

Meryn J. Ivey

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

700105408577

07/03/07-01050-013-DATE **75.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
Ivey CONTINO D.
2315 S.W. 29th Way Apt C.
Gainesville Fla 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
Ivey QUALISIA V.
2327-18th St So.
St. Petersburg Fla 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Ivey Renee M.
2327-18 St So.
ST Petersburg FLA 33712

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

PO
MERYN J Ivey
2327-18th St So.
St. Petersburg Fla 33712

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P.O. Box 13756
St. Petersburg Fla 33733

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Meryn J. Ivey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

76/27