

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000089906

1. Entity Name
IVY LANE CONSIGNMENTS, INC



Principal Place of Business
**1781 W MAIN ST
INVERNESS, FL 34450-2417**

Mailing Address
**P O BOX 1869
INVERNESS, FL 34451-1869**



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MC LEOD, PATRICK S
1781 W MAIN ST
INVERNESS, FL 34450-2417**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MC LEOD, PATRICK S
STREET ADDRESS	1781 W MAIN ST
CITY - ST - ZIP	INVERNESS, FL 344502417
TITLE	D
NAME	MC LEOD, TACY L
STREET ADDRESS	1781 W MAIN ST
CITY - ST - ZIP	INVERNESS, FL 344502417
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X Patrick S. McLeod PATRICK S. McLEOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 03/19/07

Date

Daytime Phone #