## ANNUAL REPORT

## **DOCUMENT # P01000003410**

1. Entity Name

IVAN K. CLEMENTS, JR., P.A.



**FILED** Jan 22, 2008 08:00 A Secretary of State

Principal Place of Business

540 W. NEW YORK AVE. DELAND, FL 32720

Mailing Address

540 W. NEW YORK AVE. DELAND, FL 32720



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4. FEI Number Applied For 59-3687693 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

01102008

Fee Required

*5*86-740-003

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CLEMENTS, IVAN K JR 540 W. NEW YORK AVE. **DELAND, FL 32720** 

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Chg-P

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8. The above named entity submits this statement on the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE_	Shou C. Ch	J. J.		1-14-2008						
	Signature, typed or printed name of registered agent and trie	applicatio (NOTE: Registere	d Agent signature required when reinstating)	DATE						
	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME	D CLEMENTS, IVAN K JR		最后 医影响性 医肠管							
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CITY-ST-ZIP	DELAND, FL 32720									
TITLE				U00000730566						
NAME										
STREET ADDRESS										
TITLE	<del> </del>		Burn and Burney							
NAME										
STREET ADDRESS			no	NOT WRITE						
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CITY-ST-ZIP		<del> </del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
12. I hereby certify that the information supplied with this filling 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/be executed 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.										

NING OFFICER OR DIRECTOR