

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059328

Entity Name: IPLATE TECHNOLOGIES, INC.

FILED  
Apr 18, 2006  
Secretary of State

## Current Principal Place of Business:

7404 NW 4TH BLVD.  
GAINESVILLE, FL 32607

## New Principal Place of Business:

## Current Mailing Address:

7404 NW 4TH BLVD.  
GAINESVILLE, FL 32607

## New Mailing Address:

FEI Number: 59-3725248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOUTS, DAVID W  
7404 NW 4TH BLVD.  
GAINESVILLE, FL 32607 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: D ( ) Delete  
Name: FOUTS, DAVID W  
Address: 3111 NW 58TH BLVD.  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: MASSON, JAMES R  
Address: 110 NW 7TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: FOUTS, DOUGLAS T  
Address: 2821 NW 12TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DOUGLAS T FOUTS

D

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date