

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000046083

1. Entity Name

IVY INVESTMENTS, INC.



Principal Place of Business

1663 MOUND STREET
SARASOTA FL 34236

Mailing Address

1663 MOUND STREET
SARASOTA FL 34236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0470588**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOURNIER, ROBERT M
1 SOUTH SCHOOL AVE STE 700
SARASOTA FL 34237

Name

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

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS FURMAN, ROBERT G
CITY-ST-ZIP 1663 MOUND STREET
SARASOTA FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000570610
CITY-ST-ZIP 07/18/06-80001-015 400.00

TITLE ☐ Delete
NAME D
STREET ADDRESS ROBINSONN, JANE N
CITY-ST-ZIP 523 S PALM AVE #5
SARASOTA FL 34236

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000570610
CITY-ST-ZIP 07/18/06-80001-016 150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.7.10.06

Date

941 9544195

Daytime Phone