2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000046083

1. Entity Name IVY INVESTMENTS, INC.



FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

1663 MOUND STREET SARASOTA, FL 34236 Mailing Address

1663 MOUND STREET SARASOTA, FL 34236





03312008

No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0470588

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

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

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

			· · · · · · · · · · · · · · · · · · ·	。 1. 我就是我的一个人的一个人的一个人的一个人的一个人的人的人。	L. Marie	
8. The above the obligat	e named entity submits this statement for the parties of registered agent.	purpose of changing its register	red office or registered agent, or	r both, in the State of Florida. I am familiar with,	and accept	
SIGNATURE.		· · · · · · · · · · · · · · · · · · ·				
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered			ed Agent signature required when remetating			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution			_	* 05/01/08-80020-008 19	58.75	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMAN, ROBERT G 1663 MOUND STREET SARASOTA, FL 34236					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSONN, JANE N 523 S PALM AVE #5 SARASOTA, FL 34236					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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 trasper 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 a forther like empowered.

SIGNATURE: >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4.14.08

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