## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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## DOCUMENT # P05000087306

1. Entity Name

IVEY CUSTOM MARINE, INC.



## **FILED** Sep 02, 2008 8:00 am Secretary of State

09-02-2008 90031 032 \*\*\*150.00

Principal Place of Business

4345 COQUINA DRIVE

JACKSONVILLE BEACH, FL 32250

Mailing Address

4345 COQUINA DRIVE

JACKSONVILLE BEACH, FL 32250

US



08282008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3087596 Applied For Not Applical

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IVEY, GEORGE W JR. 4345 COQUINA DRIVE JACKSONVILLE BEACH, FL 32250

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	named entity submits this statement for the pilons of registered agent.	ourpose of changing its registe	red office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and acc	
SIGNATURE	Signature, typed or printed name of registered agent and little	if applicable. (NOTE: Registe	red Agent signatur	e required when reinstating)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	Election Campaign Fina     Trust Fund Contribution	~	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., th corporation did not receive the prior notice.	
10.	OFFICERS AND DIREC	CTORS			J	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVEY, GEORGE W JR. 4345 COQUINA DRIVE JACKSONVILLE BEACH, FL 32250					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
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TITLE						

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 directed of the corporation or the receiver or divisee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

1/016

8/27/28 9042/40=32