

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90020 048 \*\*\*150.00

**DOCUMENT # P06000064345**

1. Entity Name  
IPC, INC.



Principal Place of Business  
% JOHN W. SUTTON, P.A.  
2655 LE JEUNE RD, PENTHOUSE II  
MIAMI, FL 33134

Mailing Address  
% JOHN W. SUTTON, P.A.  
2655 LE JEUNE RD, PENTHOUSE II  
MIAMI, FL 33134

66020429



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number  
26-0506199

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUTTON, JOHN O P.A.  
2655 LE JEUNE RD, PENTHOUSE II  
CORAL GABLES, FL 33134

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 removing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PDS  
PEARSALL, PHILIP D  
1600 MORGANTON RD  
PINEHURST, NC 28374 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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CITY- ST- ZIP ☐ Change ☐ Addition

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

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 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 officers empowered.

SIGNATURE:

*Jesus Torres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07 9195397211  
07  
Debbie P. H.

66020429

#P06000064345

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) <b>See separate instructions for each line. Keep a copy for your records.</b>		<b>EIN</b> 26-0506199 OMB No. 1545-0003	
<b>1* Legal name of entity (or individual) for whom the EIN is being requested</b> IPC INC					
<b>2 Trade name of business (if different from name on line 1)</b>			<b>3 Executive, trustee, or care of name</b> In care of John O Sutton PA		
<b>4a* Mailing address (room, apt., suite no. and street, or P.O. box)</b> 2655 Le Jeune Road PH 2			<b>5a Street address (if different) (Do not enter a P.O. box)</b>		
<b>4b* City, state, and ZIP code</b> Coral Gables FL 33134			<b>5b City, state, and ZIP code</b>		
<b>6* County and state where principal business is located</b> County Orange County State NC					
<b>7a* Name of principal officer, general partner, grantor, owner, or trustee</b> Philip D Pearsall			<b>7b* SSN, ITIN, EIN</b> 237-70-2929		
<b>8a* Type of entity (check only one)</b> <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 S <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> KEMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶		
<b>8b* If a corporation, name the state or foreign country (if applicable) where incorporated</b>			<b>State</b> FL		<b>Foreign country</b>
<b>9* Reason for applying (check only one)</b> <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input checked="" type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
<b>10* Date business started or acquired (month, day, year)</b> APR 28 2006			<b>11* Closing month of accounting year</b> DEC		
<b>12 First date wages or annuities were paid or will be paid (month, day, year)</b> <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>					
<b>13 Highest number of employees expected in the next twelve months</b> <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i>				<b>Agriculture</b>	<b>Household</b>
<b>14* Check box that best describes the principal activity of your business</b> <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Real estate <input checked="" type="checkbox"/> Other (specify) pest control				<input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesales-other
<b>15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.</b> pest control					
<b>16a* Has the applicant ever applied for an employer identification number for this or any other business?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
<b>16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.</b> Legal name ▶ Trade name ▶					
<b>16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.</b> Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
<b>Third Party Designee</b>	Designee's name John O Sutton			Designee's telephone number (include area code) ( 305 ) 448 - 1295	
	Address and ZIP code 2655 Le Jeune Rd PH 2 Coral Gables FL 33134			Designee's fax number (include area code) ( 305 ) 446 - 5236	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ John O Sutton as authorized rep.				Applicant's telephone number (include area code) ( 305 ) 448 - 1295 Applicant's fax number (include area code) ( 305 ) 446 - 5236	
Signature ▶ Not Required					