## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P92000000586

1. Entity Name

I-V CORPORATION OF DAYTONA



FILED
May 01, 2006 08:00 AN
Secretary of State

Not Applicable

Principal Place of Business 1347 BEVILLE ROAD DAYTONA BEACH, FL 32119 Mailing Address 1347 BEVILLE ROAD DAYTONA BEACH, FL 32119



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

6. Name and Address of Current Registered Agent

VALLEJO, JEAN N 1347 BEVILLE ROAD DAYTONA BEACH, FL 32119

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59-3147273

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				d Agent signature required when reinstating)  DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			•		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D VALLEJO, JEAN N 1347 BEVILLE ROAD DAYTONA BEACH, FL 321199				U000000552928	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D IRAZABAL, BENITO 1347 BEVILLE ROAD DAYTONA BEACH, FL				05/15/06-80032-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 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						

indicated on this report of 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:

SOUNTS Eas Col
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 386-7886172

Daytime Phone #