

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90272 038 ***158.75

DOCUMENT # P95000084234

1. Entity Name
MICHAEL DAVID IVEY, INC.



Principal Place of Business
434 SW 16TH STREET
OCALA, FL 34474 US

Mailing Address
434 SW 16TH STREET
OCALA, FL 34474 US

60027213



2. Principal Place of Business

3. Mailing Address

2215 SE Ft King St.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. B

03262006

Chg-P

CR2E034 (11/05)

City & State

City & State

Ocala, FL

4. FEI Number

59-3343468

Applied For

Not Applicable

Zip

Country

Zip

34471

Country

USA

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

IVEY, MICHAEL D
13025 SE 36TH AVE
BELLEVIEW, FL 34420

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 P ☐ Delete
NAME IVEY, MICHAEL D
STREET ADDRESS 13025 SE 36TH AVE
CITY-ST-ZIP BELLEVIEW, FL 34420

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 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 like empowered.

SIGNATURE:

Michael D. Ivey

Date

Daytime Phone #

4-11-06 352 861-2580