

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90034 031 ***150.00

DOCUMENT # P99000061181

1. Entity Name
IPLACEMENT, INC.



Principal Place of Business
**1516 E. COLONIAL DRIVE
SUITE 303
ORLANDO, FL 32803**

Mailing Address
**PO BOX 533958
ORLANDO, FL 32853-3958**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3585816

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, RANDY D
978 LAS FLORES WAY
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NUXOL, DAVID E
793 BROAD OAK LP
SANFORD, FL 32771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
DAVIS, RANDOLPH
978 LAS FLORES WAY
ORLANDO, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**.DST
BALL, SHARON
363 E LAKE SUE AVE
WINTER PARK, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COOKE, WILLIAM J
1257 WELLINGTON TERRACE
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DOUDNEY, DOUGLAS
1443 BUCKWOOD DRIVE
ORLANDO, FL 32809**

*Polejes, Craig
2110 Forrest Rd
Winter Park, FL 32789*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FONTENAT, JUDY D
500 ROCKY MOUNTAIN CIR
CHERRYLOG, GA 30522**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-08 407-373-0878