

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000080017

Entity Name: IVORDA CATERING DELIGHTS INC**Current Principal Place of Business:**9205 AVENUE POINTE CIRCLE
UNIT 6-110
ORLANDO, FL 32821**Current Mailing Address:**PO BOX 691264
ORLANDO, FL 32869 US**FEI Number:** 45-2576094**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DUNCAN, CHRISTOPHER LJR
1900 S HARBOR CITY BLVD
110
MELBOURE, FL 32901 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	KERR-POWELL, NORDA M
Address	9205 AVENUE POINTE CIRCLE
City-State-Zip:	ORLANDO FL 32821

Title	TRES
Name	DUNCAN, CHRISTOPHER LCOO
Address	1900 S HARBOR CITY BLVD
City-State-Zip:	MELBOURNE FL 32901

Title	SEC
Name	SCOTT, VANESSA M
Address	250 COLLINGS STREET SE
City-State-Zip:	PALM BAY FL 32909

Title	D
Name	POWELL, DEAROL LJR
Address	9205 AVENUE POINTE CIRCLE
City-State-Zip:	ORLANDO FL 32821

Title	D
Name	POWELL, RALSTON JIV
Address	9205 AVENUE POINT CIRCLE
City-State-Zip:	ORLANDO FL 32821

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORDA KERR-POWELL

CEO

03/01/2013

Electronic Signature of Signing Officer/Director Detail_____
Date