

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000053573

**Entity Name:** IVORIES, PA

**Current Principal Place of Business:**

543 NW CRIPPLE CREEK ST  
LAKE CITY, FL 32055

**Current Mailing Address:**

543 NW CRIPPLE CREEK ST  
LAKE CITY, FL 32055 US

**FEI Number:** 47-4344378

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHRISTENSEN, ANDRE  
543 NW CRIPPLE CREEK ST  
LAKE CITY, FL 32055 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            PRESIDENT  
Name            CHRISTENSEN, ANDRE  
Address        543 NW CRIPPLE CREEK ST  
City-State-Zip: LAKE CITY FL 32055

Title            VP  
Name            CHRISTENSEN, KATHARINE  
Address        543 NW CRIPPLE CREEK ST  
City-State-Zip: LAKE CITY FL 32055

*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:** ANDRE FREDERICK CHRISTENSEN

**PRESIDENT**

**04/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date