


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90060 011 ***150.00

DOCUMENT # 123126 1. Entity Name I.B.N., INC.					
Principal Place of Business 133 EAST BAY STREET JACKSONVILLE, FL 32202			Mailing Address 133 EAST BAY STREET JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 142 Cedar Creek Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Palatka, Florida		4. FEI Number 59-0372260	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32177		U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROGERS, CHARLES W. (JR.) 133 EAST BAY STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, CHARLES W. (JR.) 133 EAST BAY STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASCHAL, LINDA ROGERS 133 EAST BAY STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-----	<input type="checkbox"/> Delete			
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: <u>Linda Paschal</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7-10-08</u> 386-329-9984 <small>Daytime Phone #</small>	

ATTACHMENT
40110923
I.B.N., Incorporated


July 10, 2008

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: I.B.N., Inc.
FEI # - 59-0372260
Document # - 123126

Attached please find the 2008 For Profit Corporation Annual Report for I.B.N., Inc. along with a check for \$150. Please note that a change in mailing address is requested. No prior notice for this report was received, therefore, I respectfully, request an abatement of the \$400 penalty for late filing.

Yours truly,


Linda Paschal
Secretary