

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90496 021 ***150.00

DOCUMENT # 647973		
1. Entity Name I.B.B., INC.		

Principal Place of Business 14827 N. FLORIDA AVE. TAMPA, FL 33613 US	Mailing Address 14827 N. FLORIDA AVE. TAMPA, FL 33613 US
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2. Principal Place of Business 13617 N. Florida Ave Suite, Apt. #, etc.	3. Mailing Address 13617 N. Florida Ave. Suite, Apt. #, etc.
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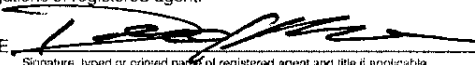
City & State Tampa, Florida Zip 33613 Country US	City & State Tampa, Florida Zip 33613 Country US
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04012004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1948648	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURKETT, DONALD L. 14829 N. FLORIDA AVE TAMPA, FL 33613	
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7. Name and Address of New Registered Agent Name Burkett, Donald L Street Address (P.O. Box Number is Not Acceptable) 13617 N. Florida Ave City Tampa FL Zip Code 33613	
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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:  DATE: 4-13-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKETT, DONALD L 14829 N. FLORIDA AVE. TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Burkett, Donald L 13617 N. Florida Ave Tampa, Florida 33613 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENOVESE, DON 1910 DEER LAKE LUTZ, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Genovese, Don 1910 Deer Lake Lutz, FL 33549 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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	4-13-04 813-972-1000 Date Daytime Phone #