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	Mailing Address
14827 N. FLORIDA AVE. TAMPA, FL 33613 US	14827 N. FLORIDA AVE. TAMPA, FL 33613 US

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13617 N. Florida Ave	13617 N. Florida Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33613 Country: US	Zip: 33613 Country: US

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~~

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

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] 4-13-04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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] 4-13-04 813-972-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #