

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 025 ***150.00

DOCUMENT # 373621

1. Entity Name
IBS, INC.



Principal Place of Business
**4909 S ORANGE AVENUE
ORLANDO, FL 32806 US**

Mailing Address
**4909 S ORANGE AVENUE
ORLANDO, FL 32806 US**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1363146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STALDER, JOHN J.
~~4909 S ORANGE AVENUE~~ **5102 ST. GERMAIN AV.**
~~ORLANDO, FL 32806~~ **32812**

**DO NOT WRITE
IN THIS SPACE**

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

John J. Stalder

(NOTE: Registered Agent signature required when reinstating)

4/1/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS STALDER, PATRICIA A 4909 S ORANGE AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS STALDER, JOHN J 4909 S ORANGE AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STALDER, CHRISTOPHER J 4909 S ORANGE AVE ORLANDO, FL 32806
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

John J. Stalder

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/1/08 407/438-4029
Date Daytime Phone #