

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90201 043 ***150.00

DOCUMENT # 843354 1. Entity Name FLORIBEC INTERNATIONAL, INC.	
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Principal Place of Business 3616 MAGNOLIA PT., BLVD. GREEN COVE SPRINGS, FL 32043	Mailing Address 3616 MAGNOLIA PT., BLVD. GREEN COVE SPRINGS, FL 32043
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14005108



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 428 Walnut Street Suite, Apt. #, etc.
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04252005 Chg-P CR2E034 (10/03)

City & State Green Cove Springs FL	City & State Green Cove Springs FL
Zip 32043	Country USA

4. FEI Number 13-3012252	Applied For Not Applicable
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6. Name and Address of Current Registered Agent ROYAL, BERT V. 3616 MAGNOLIA POINT BLVD. GREEN COVE SPRINGS, FL 32043	
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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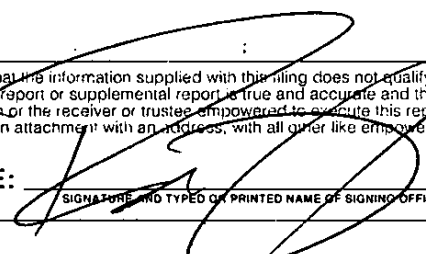
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	VTD ROYAL, BERT V. ☐ Delete 3616 MAGNOLIA PT BLVD GREEN COVE SPRINGS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAD, THOMAS DR ☐ Delete 3616 MAGNOLIA PT BLVD GREEN COVE SPRINGS, FL	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
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: 	BERT V. ROYAL	4/27/05 904(269-1069)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #