

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000006792

1. Entity Name
**INSTITUTE FOR BUSINESS & HOME SAFETY
INCORPORATED**



Principal Place of Business

**4775 E FOWLER
TAMPA, FL 33617**

Mailing Address

**4775 E FOWLER
TAMPA, FL 33617**



02102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2049143

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RYLAND, HARVEY
4775 E FOWLER
TAMPA, FL 33617**

**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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME RYLAND, HARVEY
STREET ADDRESS 4775 E FOWLER
CITY-ST-ZIP TAMPA, FL 33617

TITLE D
NAME RAUCY, DOUGLAS
STREET ADDRESS 4775 E FOWLER
CITY-ST-ZIP TAMPA, FL 33617

TITLE D
NAME REINHOLD, TIMOTHY A.
STREET ADDRESS 4775 E FOWLER
CITY-ST-ZIP TAMPA, FL 33617

TITLE D
NAME BARBER, KEVIN
STREET ADDRESS 4775 E FOWLER
CITY-ST-ZIP TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/10/06-80042-002 70.00

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 617, 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

Date

Daytime Phone #

4/22/06 813-6750052