## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F29494

Entity Name: IBG PROPERTIES, INC.

DAVENPORT, FL 33897

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2520 SAN	D MINE ROAD DRT, FL 33897		New Fillicipal Flace	oi busilless.	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	: 25 HY MCDANIEL MERE, FL 3478	360725 US			
FEI Number	: 59-2086555	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	HOMAS C D MINE ROAD DRT, FL 33897				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCDANIEL, KA PO BOX 725	Delete THY, , FL 347860725	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BERRY, JACK PO BOX 725	Delete M JR, , FL 347860725	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( ) DEVERS, DANI 2520 SAND MIN DAVENPORT, F	NE ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VP ( ) MORRIS, KATH 2520 SAND MIN		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KATHY MCDANIEL MS 01/16/2009