

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90183 024 \*\*\*150.00

**DOCUMENT # G29000**

1. Entity Name

INTERNATIONAL BUSINESS DEVELOPMENT, INC.



Principal Place of Business

4540 N LADYBUG DR  
CRYSTAL RIVER FL 34428  
US

Mailing Address

4540 N LADYBUG DR  
CRYSTAL RIVER FL 34428  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2835379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DOYNE G  
4540 N LADYBUG DR  
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DPST ☒ Delete  
NAME WILLIAMS, DOYNE G  
STREET ADDRESS 4540 N LADYBUG DR  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE V ☒ Delete  
NAME CHRISTIAN ALLHOFF  
STREET ADDRESS 95 SOUTH PINE AVE.  
CITY-ST-ZIP INVERNESS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME EVELYN SURRENCY  
STREET ADDRESS 835 NE HWY 19  
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE PST ☒ Change ☐ Addition  
NAME CHARLES P. VAUGHAN  
STREET ADDRESS 120 N SEMINOLE AVE  
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-04 352-726-6865