
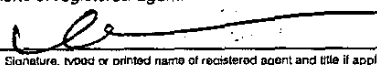
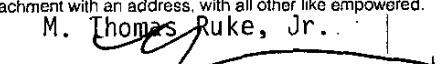


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90264 005 ***150.00

DOCUMENT # J35463 1. Entity Name INSURANCE BUSINESS CONSULTANTS, INC.			
Principal Place of Business 3443 HANCOCK BRIDGE PKWY. #302 SUITE 102 N FT MYERS, FL 33903 US		Mailing Address 3443 HANCOCK BRIDGE PKWY. #302 SUITE 102 N FT MYERS, FL 33903 US	
2. Principal Place of Business 3660 Central Ave. Suite, Apt. #, etc. Suite F		3. Mailing Address P.O. Box 2030 Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Ft. Myers, FL	
Zip 33901		Country Lee	
4. FEI Number 59-2708879		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUKE, M. THOMAS, JR. 3443 HANCOCK BRIDGE PKWY #302 N. FT. MYERS, FL 33903		7. Name and Address of New Registered Agent Name Ruke, M. Thomas, Jr. Street Address (P.O. Box Number is Not Acceptable) 3660 Central Ave Suite F City Fort Myers FL Zip Code 33901	
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 		M. Thomas Ruke, Jr., President	
(NOTE: Registered Agent signature required when reinstating)		4/12/05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUKE, M. THOMAS, JR. 3443 HANCOCK BRIDGE PKWY N FT MYERS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ruke, M. Thomas, Jr. 3660 Central Ave., Suite F Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		4/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 239-997-4084	