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Secretary of State

04-04-2007 90179 004 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000053769

1. Entity Name
IPC SERVICES, INC.

40050073

Principal Place of Business	Mailing Address
1515 E SILVER SPGS BLVD #147 OCALA, FL 34470	1515 E SILVER SPGS BLVD #147 OCALA, FL 34470

01162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
3250 S.E. 58 Avenue	3250 S.E. 58 Avenue
Suite, Apt #, etc: Suite 1	Suite, Apt #, etc: Suite 1
City & State: Ocala, Florida	City & State: Ocala, Florida
Zip: 34471 Country: U.S.A.	Zip: 34471 Country: U.S.A.

4. FEI Number 59-3649431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOUT, RICHARD R
4880 S.E. 28TH CT.
OCALA, FL 34480

7. Name and Address of New Registered Agent

Name: Richard R. Stout
Street Address (P O. Box Number is Not Acceptable): 3250 S.E. 58 Avenue Suite 1
City: Ocala FL Zip Code: 34471

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD STOUT, RICHARD R 4880 S.E. 28TH CT. OCALA, FL 34480 ☐ Delete	P Richard R. Stout 3250 S.E. 58 Avenue Suite 1 Ocala, Florida 34471 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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 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: ______ 4/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #