

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P00000057527**

1. Entity Name  
**IBIS PROFESSIONAL SERVICES, INC.**



Principal Place of Business  
**1343 PINE VALLEY DR  
WELLINGTON, FL 33414**

Mailing Address  
**1343 PINE VALLEY DR  
WELLINGTON, FL 33414**



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0619446</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VARNEY, PATRICIA  
1343 PINE VALLEY DR  
WELLINGTON, FL 33414**

**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 of Registered Agent or Agent for Change of Office)

(NOTE: Registered Agent signature required when changing agent)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000532327  
05/06/06-80079-009 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>VARNEY, PATRICIA A</b>
STREET ADDRESS	<b>1343 PINE VALLEY DR</b>
CITY ST ZIP	<b>WELLINGTON, FL 33414</b>

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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NAME	
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CITY ST ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Secretary of State