


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**3 Apr 22, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90034 027 \*\*\*150.00

<b>DOCUMENT # P01000097168</b> 1. Entity Name IBC CORP. INTERNATIONAL BUSINESS CONSULTANTS	
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Principal Place of Business  
420 CHARTWELL PLACE  
NAPLES, FL 34110

Mailing Address  
420 CHARTWELL PLACE  
NAPLES, FL 34110

66007619



02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3748835	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

SIDOR, EDWARD F MR  
420 CHARTWELL PLACE  
NAPLES, FL 34110

**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SIDOR, EDWARD F 420 CHARTWELL PLACE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SIDOR, DELORES A 420 CHARTWELL PLACE NAPLES, FL 34110
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TITLE NAME STREET ADDRESS 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: Edward F Sidor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD F SIDOR

4/17/08 239 5914795

Date

Daytime Phone #