2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90249 018 ***150.00

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1. Entity Name
INTERNATIONAL BIOTECH, INC.

Principal Place of Business	Mailing Address
6402-B BADGER DRIVE TAMPA, FL 33610	6402-B BADGER DRIVE TAMPA, FL 33610

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2290 SR 60 West	P O Box 7578
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Mulberry, FL	City & State: Wesley Chapel
Zip: 33860 Country: Polk	Zip: 33544 Country: Pasco

4. FEI Number 82-0539883 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHERRY, JOSEPH B 451 RIVER LANE WAUCHULA, FL 33873	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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHERRY, JOSEPH B	NAME	
STREET ADDRESS	451 RIVER LANE	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 33873	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOND, GARY K	NAME	
STREET ADDRESS	9760 136TH STREET, NORTH	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33776	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Gary K. Bond - GARY K. BOND VP 4/27/04 813-363-7201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #