


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90177 048 \*\*\*150.00

<b>DOCUMENT # P02000038867</b>	
1. Entity Name <b>INTERNATIONAL BIOTECH, INC.</b>	

Principal Place of Business <b>2290 SR 60 WEST MULBERRY, FL 33860</b>	Mailing Address <b>PO BOX 7578 WESLEY CHAPEL, FL 33544</b>
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2. Principal Place of Business <b>2290 SR 60 WEST</b>	3. Mailing Address <b>PO BOX 6978</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Mulberry FL</b>	City & State <b>Seffner FL</b>
Zip <b>33860</b>	Zip <b>33583</b>
Country <b>POIK</b>	Country <b>Hillsborough</b>

04042005 Chg-P CR2E034 (10/03)

4. FEI Number <b>82-0539883</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CHERRY, JOSEPH B 451 RIVER LANE WAUCHULA, FL 33873</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State <b>FL</b> 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>CHERRY, JOSEPH B</b>
STREET ADDRESS	<b>451 RIVER LANE</b>
CITY - ST - ZIP	<b>WAUCHULA, FL 33873</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>BOND, GARY K</b>
STREET ADDRESS	<b>9760 136TH STREET, NORTH</b>
CITY - ST - ZIP	<b>SEMINOLE, FL 33776</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stephen C Gans</b>
STREET ADDRESS	<b>924 HICKORY FORK DR.</b>
CITY - ST - ZIP	<b>Seffner, FL 33584</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: <b>Stephen Gans</b>	Date: <b>4/4/05</b>	Daytime Phone #: <b>813-363-7203</b>
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