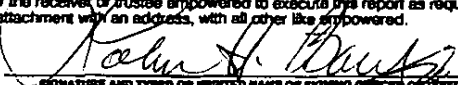


FILED
Apr 04, 2005 8:00 am
Secretary of State

03-08-2005 90186 037 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000098216		
1. Entity Name IKB CONSTRUCTION COMPANY, INC.		
Principal Place of Business 575 E. ELKCAM CIRCLE MARCO ISLAND, FL 34145	Mailing Address 575 E. ELKCAM CIRCLE MARCO ISLAND, FL 34145	
DO NOT WRITE IN THIS SPACE		
		66008383 
		01052005 No Chg-P CR2E034 (10/03)
4. FEI Number 33-1020024		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BARNETT, LARKIN H III 575 E. ELKCAM CIRCLE MARCO ISLAND, FL 34145		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 _____ (NOTE: Registered Agent signature required when reappointing) _____ Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 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	PO BARNETT, LARKIN H III 575 E. ELKCAM CIRCLE MARCO ISLAND, FL 34145	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALAZAR, LIBORIO 575 E. ELKCAM CIRCLE MARCO ISLAND, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOOLLER, DORIA P 575 E. ELKCAM CIRCLE MARCO ISLAND, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/29/05 Date Daytime Phone #