

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 JUN -3 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000104713**

1. Entity Name

IBA Publishing, Inc



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2. Principal Place of Business - No P.O. Box #

2324 Eagles Nest Rd

3. Mailing Address

2324 Eagles Nest Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Jacksonville

City & State

FL

4. FEI Number

51-0424606

Applied For

Not Applicable

Zip

32246

Country

US

Zip

32246

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Blayne Bosse

Street Address (P.O. Box Number is Not Acceptable)

2324 Eagles Nest Rd

City

Jacksonville

FL

Zip Code

32246

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

Blayne Bosse

President

5/1/2011

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating.)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President - Blayne G. Bosse
2324 Eagles Nest Rd
Jacksonville FL 32246

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/09/11--01004--011 **150.00

200207334222

05/09/11--01004--011 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Blayne Bosse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2011

DATE

Daytime Phone #

904-874-6555