

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90006 004 ***150.00

24013247



02022004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000134961 1. Entity Name IHB INVESTMENTS, INC					
Principal Place of Business 140 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937			Mailing Address 140 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937		
2. Principal Place of Business <i>above</i>		3. Mailing Address <i>above</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Indian Harbour Beach FL		City & State Indian Harbour Beach FL		4. FEI Number 30-0418557	
Zip 32937		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOVER, MARILYN S 140 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>Marilyn S Hoover</i> 2-16-04 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, MARILYN S 140 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Marilyn S Hoover</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-16-04 321-7845140 <small>Date Daytime Phone #</small>		