

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003454

FILED
Jul 20, 2004
Secretary of State

Entity Name: INTERNATIONAL BONDING & CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

6850 STATE ROAD 544 EAST
HAINES CITY, FL 33844

New Principal Place of Business:

700 OVERLOOK DR.
WINTER HAVEN, FL 33884

Current Mailing Address:

6850 STATE ROAD 544 EAST
HAINES CITY, FL 33844

New Mailing Address:

700 OVERLOOK DR.
WINTER HAVEN, FL 33884

FEI Number: 47-0938504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCARBOROUGH, EDMUND C
6850 STATE ROAD 544 EAST
HAINES CITY, FL 33844

Name and Address of New Registered Agent:

PISCITELLI, MIKE C ESQ.
350 EAST LAS OLAS BOULEVARD
1130
FORT LAUERDALE, FL 33301

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.

SIGNATURE: MIKE PISCITELLI

07/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCARBOROUGH, EDMUND C
Address: 6850 STATE ROAD 544 EAST
City-St-Zip: HAINES CITY, FL 33844

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCARBOROUGH, ED C CEO
Address: 700 OVERLOOK DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D/ST () Change (X) Addition
Name: SCARBOROUGH, YVONNE K D/S/T
Address: 700 OVERLOOK DR.
City-St-Zip: WINTER HAVEN, FL 33384

Title: D/V/P () Change (X) Addition
Name: SAGE, ROY E D/V/P
Address: 700 OVERLOOK DR
City-St-Zip: WINTER HAVEN, FL 33384

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE K. SCARBOROUGH

D/ST

07/20/2004

Electronic Signature of Signing Officer or Director

Date