

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000003454**

1. Entity Name

**INTERNATIONAL BONDING & CONSTRUCTION  
SERVICES, INC.**



Principal Place of Business

**700 OVERLOOK DR.  
WINTER HAVEN FL 33884**

Mailing Address

**700 OVERLOOK DR.  
WINTER HAVEN FL 33884**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

**47-0938504**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

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

Signature of the principal, president, or principal officer of the corporation, or the registered agent, and the date of filing.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** ☐ Delete  
NAME: **SCARBOROUGH, ED C CEO**  
STREET ADDRESS: **700 OVERLOOK DR**  
CITY-STATE-ZIP: **WINTER HAVEN FL 33884**

TITLE: ☐ Change ☐ Addition  
NAME: **000000201141**  
STREET ADDRESS: **01/28/05-80026-022 158.75**  
CITY-STATE-ZIP: **158.75**

TITLE: **D/ST** ☐ Delete  
NAME: **SCARBOROUGH, YVONNE K D/S/T**  
STREET ADDRESS: **700 OVERLOOK DR.**  
CITY-STATE-ZIP: **WINTER HAVEN FL 33384**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: **D/VP** ☐ Delete  
NAME: **SAGE, ROY E D/VP**  
STREET ADDRESS: **700 OVERLOOK DR**  
CITY-STATE-ZIP: **WINTER HAVEN FL 33384**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #