

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134056

Entity Name: IBCS FIDELITY, INC.

FILED  
May 29, 2008  
Secretary of State

**Current Principal Place of Business:**

6352 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

6352 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PISCITELLI, MIKE  
VEZINA, LAWRENCE & PISCITELLI, P.A.  
300 SW 1ST AVENUE SUITE 150  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
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: P ( ) Delete  
Name: SCARBOROUGH, YVONNE  
Address: 6352 CYPRESS GARDENS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: SCARBOROUGH, YVONNE  
Address: 6352 CYPRESS GARDENS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: P ( ) Change (X) Addition  
Name: GOLIA, STEVE  
Address: 6352 CYPRESS GARDENS BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: H.B. STIVERS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ATTY

05/29/2008

\_\_\_\_\_  
Date