

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90040 050 \*\*\*150.00

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03222005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000017929			
1. Entity Name IBIS LAKE REALTY, INC.			
Principal Place of Business 220 SOUTH ARNOLD DR PANAMA CITY BEACH, FL 32413 US		Mailing Address P. O. BOX 9918 PANAMA CITY, FL 32417-9918 US	
2. Principal Place of Business 17775 P.C.B. Parkway Suite, Apt. #, etc.		3. Mailing Address → Somp Suite, Apt. #, etc.	
City & State Panama City Beach, FL Zip 32413		City & State → Somp Zip → Somp	
6. Name and Address of Current Registered Agent BLUE, ROB JR 221 MCKENZIE AVE PANAMA CITY, FL 34202		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD WISELOGEL, KARL JR 16205 E LULLWATER DR PANAMA CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Karl W. Wiseloge</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-27-05 Date Daytime Phone #	