

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90038 025 ***150.00

DOCUMENT # P95000067137

1. Entity Name

INTERNATIONAL HOME BUSINESS ASSOCIATION, INC.



Principal Place of Business

8557 KING STREET
SEMINOLE FL 34642

Mailing Address

POST OFFICE BOX 3570
SEMINOLE FL 33775



2. Principal Place of Business - No P.O. Box #

Seminole 8557 King St Seminole FL 33772

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Seminole

City & State

FL

Zip

Country

33772 USA

Zip

Country

33772 USA

4. FEI Number

65-0604155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, MARY C
8557 KING STREET
SEMINOLE FL 34642

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE PD ☐ Delete
NAME MARTIN, MARY C
STREET ADDRESS 8557 KING STREET
CITY-ST-ZIP SEMINOLE FL 34642

TITLE ST ☐ Delete
NAME MARTIN, MARY I
STREET ADDRESS 8557 KING STREET
CITY-ST-ZIP SEMINOLE FL 34642

TITLE V ☐ Delete
NAME MARTIN, JOSEPH J JR
STREET ADDRESS 8557 KING ST
CITY-ST-ZIP SEMINOLE FL 33772

TITLE V ☐ Delete
NAME MARTIN, JOSEPH J
STREET ADDRESS 8557 KING ST
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-07 7273972767