## 2005 FOR PROFIT CORPORATION

SIGNATURE:

## Jan 24, 2005 8:00 am **Secretary of State ANNUAL REPORT** 01-24-2005 90030 028 \*\*\*150.00 **DOCUMENT # P95000096067** 1. Entity Name I.D.B.T., INC. Principal Place of Business Mailing Address 84500 OVERSEAS HIGHWAY 84500 OVERSEAS HIGHWAY 40004324 ISLAMORADA, FL 33036 US ISLAMORADA, FL 33036 US 01192005 No Cha-P CR2E034 (10/03) DO-NOT-WRITE-IN-THIS-SPACE 4. FEI Number Applied For 65-0661394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUNN, GARY E DO NOT WRITE 243 NÁVAJO ST. TAVERNIER, FL 33070 IN THIS SPACE 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 arm familiar with, and accept the obligations of (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSVP TITLE NAME DUNN, GARY T STREET ADDRESS 243 NAVAJO ST. TAVERNIER, FL 33070 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 truefee 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 a different relation of the corporation of the corporatio

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