

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90035 035 ***158.75

DOCUMENT # P96000051494 1. Entity Name IFG DEVELOPMENT COMPANY, INC.			
Principal Place of Business 4615 CALOOSA VISTA ROAD FORT MYERS, FL 33901		Mailing Address 4615 CALOOSA VISTA ROAD FORT MYERS, FL 33901	
2. Principal Place of Business 2511 Vasco Street Suite, Apt. #, etc. Unit 119 City & State Punta Gorda, FL Zip 33950		3. Mailing Address 2511 Vasco Street Suite, Apt. #, etc. Unit 119 City & State Punta Gorda, FL Zip 33950	
4. FEI Number 65-0812334		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01202005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent VON CAMPE, GORD 4615 CALOOSA VISTA ROAD FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name VON CAMPE, GORD Street Address (P.O. Box Number is Not Acceptable) 2511 Vasco Street Unit 119 City Punta Gorda FL Zip Code 33950	
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	D <input type="checkbox"/> Delete VON CAMPE, GORD 4615 CALOOSA VISTA RD. FT. MYERS, FL 339018850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gord von Campe 2511 Vasco Street, Unit 119 Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete THIEM, HARALD WEINBERGSTR 25 90607 RUCKERSDORF NURNBER GERMANY.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.			
SIGNATURE:		GORD VON CAMPE 01/21/05	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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