

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1 of 4


FILED

04 JAN 20 PM 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000023525

1. Entity Name
INTERNATIONAL BUYING GROUP, INC.



Principal Place of Business Mailing Address

3360 MONTARA DRIVE **3360 MONTARA DRIVE**
BONITA SPRINGS, FL 34134 **BONITA SPRINGS, FL 34134**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

KEMON, JOHN
3360 MONTARA DRIVE
BONITA SPRINGS, FL 34134

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.

700027771297
01/29/04--01030--017 **150.00

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KEMON, JOHN	
STREET ADDRESS	3360 MONTARA DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: see attached
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 4



Division of Corporations

Annual Report

Page 1

Document Number

P97000023525

Business Entity Name

INTERNATIONAL BUYING GROUP, INC.

FEI Number

593433990

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired Yes No \$8.75 each

Principal Place of Business

Address

3360 MONTARA DRIVE

Suite, Apt. #, etc.

City, State

BONITA SPRINGS

FL

Zip Code & Country

34134

Mailing Address

Address

3360 MONTARA DRIVE

Suite, Apt. #, etc.

City, State

BONITA SPRINGS

FL

Zip Code & Country

34134

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

KEMON

JOHN

-or- RA Business Name

Address

3360 MONTARA DRIVE

Suite, Apt. #, etc.

City, State

BONITA SPRINGS

FL

Zip Code & Country

34134

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

3 of 4



Division of Corporations

Annual Report

Page 2

Document Number

P97000023525

Business Entity Name

INTERNATIONAL BUYING GROUP, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

4 of 4

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature 

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