

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90009 010 ***150.00

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| DOCUMENT # P98000015810 | | | | | |
| 1. Entity Name THE IBIS CORPORATION | | | | | |
| Principal Place of Business 1457 ROLLING RIDGE RD PALM HARBOR, FL 34683 | | | Mailing Address 1457 ROLLING RIDGE RD PALM HARBOR, FL 34683 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01102004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-3498273 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TECKMAN, GARY M 1457 ROLLING RIDGE RD PALM HARBOR, FL 34683 | | | 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: <u>Gary M. Teckman</u> GARY M. TECKMAN, Registered Agent 1/1/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Delete TECKMAN, GARY 1457 ROLLING RIDGE RD PALM HARBOR, FL 34683 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TECKMAN, CLAUDIA J. 1457 Rolling Ridge Road Palm Harbor, FL 34683 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TECKMAN, GARY M. 1457 Rolling Ridge Road Palm Harbor, FL 34683 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TECKMAN, GARY M. 1457 Rolling Ridge Road Palm Harbor, FL 34683 | | |
| 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 | | |
| 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: <u>Gary M. Teckman</u> GARY M. TECKMAN - Secretary 1/1/04 | | | | Date Daytime Phone # | |