

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000048139**

1. Entity Name  
**IHC BUSINESS SUPPORT SERVICES, INC.**



Principal Place of Business  
**22088 PALMS WAY, APT. 106  
BOCA RATON, FL 33433**

Mailing Address  
**PO BOX 2226  
BOCA RATON, FL 33427**



01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0932571</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WORDEN, MICHELE  
22088 PALMS WAY, APT. 106  
BOCA RATON, FL 33433**

**DO NOT WRITE  
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 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WORDEN, MICHELE
STREET ADDRESS	22088 PALMS WAY, APT. 106
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	D
NAME	DELEON, STEPHEN M
STREET ADDRESS	22088 PALMS WAY, APT. 106
CITY-ST-ZIP	BOCA RATON, FL 33433

TITLE	
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CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Michele Worden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05  
Date

561 362-9168  
Daytime Phone #