
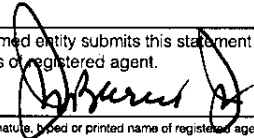
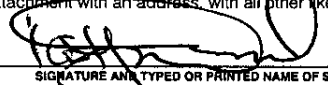


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90295 033 ***158.75

DOCUMENT # F29494			
1. Entity Name IBG PROPERTIES, INC.			
Principal Place of Business P.O. BOX 459 ATT: KATHY MCDANIEL LABELLE, FL 33935		Mailing Address PO BOX 5609 ATT: KATHY MCDANIEL WINTER HAVEN, FL 33880 US	
2. Principal Place of Business		3. Mailing Address PO Box 725	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Kathy McDaniel	
City & State		City & State Windermere, FL	
Zip 33975	Country	Zip 34786-0725	Country Orange
		04152004 Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2086555	
		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERRY, JACK M JR HWY 80 W LABELLE, FL 33935		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 		Jack M. Berry, Jr.	
		4/16/04	
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCDANIEL, KATHY PO BOX 5406 WINTER HAVEN, FL 338800406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 725 Windermere, Fl 34786-0725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRY, JACK M JR 9705 LAKE ISLEWORTH CT WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CD PO Box 725 Windermere, Fl 34786-0725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALDWELL, ERNIE 400 EAGLE LAKE LOOP RD WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2520 Sand Mine Road Davenport, Fl 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEMPER, WE PO BOX 459 LABELLE, FL 33975 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD Devèrs, Daniel J 2520 Sand Mine Road Davenport, Fl 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, KATHARINE B PO BOX 5609 WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2520 Sand Mine Road Davenport, Fl 33897
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: 		Kathy McDaniel, Secretary 4/16/04 (407)909-0540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	