


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90108 022 ***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 725
 ATT: KATHY MCDANIEL
 WINDERMERE, FL 34786-0725 US**

50013779



2. Principal Place of Business
2520 Sand Mine Road

3. Mailing Address
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Davenport, FL

City & State

Zip
33897

Country
USA

Zip

Country

03312006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2086555

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FLOYD, THOMAS C
 2520 SAND MINE ROAD
 DAVENPORT, FL 33897**

7. Name and Address of New Registered Agent

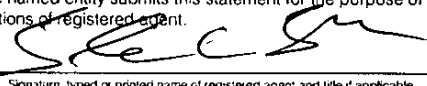
Name

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  **Thomas C. Floyd, Agent** **4-3-06**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MCDANIEL, KATHY | |
| STREET ADDRESS | PO BOX 725 | |
| CITY-ST-ZIP | WINDERMERE, FL 347860725 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BERRY, JACK M JR | |
| STREET ADDRESS | PO BOX 725 | |
| CITY-ST-ZIP | WINDERMERE, FL 347860725 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | CALDWELL, ERNIE | |
| STREET ADDRESS | 2520 SAND MINE ROAD | |
| CITY-ST-ZIP | DAVENPORT, FL 33897 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DEVERS, DANIEL J | |
| STREET ADDRESS | 2520 SAND MINE ROAD | |
| CITY-ST-ZIP | DAVENPORT, FL 33897 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MORRIS, KATHARINE B | |
| STREET ADDRESS | 2520 SAND MINE ROAD | |
| CITY-ST-ZIP | DAVENPORT, FL 33897 | |
| 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 exemptions contained in Chapter 119, 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:  **Daniel J. Devers, President** **4/3/06** **(863)420-6699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #