

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12 2004 08:00 AM
Secretary of State

DOCUMENT # 499925

1. Entity Name
LIBARSCO, INC.



Principal Place of Business
32 MIRACLE STRIP PARKWAY
FT. WALTON BCH, FL 32548

Mailing Address
32 MIRACLE STRIP PARKWAY
FT. WALTON BCH, FL 32548



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1658110

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TUCKER, JAMES M.
32 MIRACLE STRIP PARKWAY
FT. WALTON BCH, FL 32548

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOYD, LARRY CLAY
STREET ADDRESS	291 NE BEACHVIEW DR.
CITY-ST-ZIP	FT. WALTON BCH., FL 32548
TITLE	ST
NAME	TUCKER, MARY ALICE
STREET ADDRESS	344 BROOKS STREET SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	V
NAME	TUCKER, JAMES M
STREET ADDRESS	32 MIRACLE STRIP PARKWAY
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/04-80050-011 150.00

**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:

Mary Alice Tucker 2/10/04 (850) 243-2628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone