


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12 2004 08:00 AM
Secretary of State

Pd
ck # 555

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**



DO NOT WRITE IN THIS SPACE

02042004 No Chg-P CR2E034 (10/03)

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**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

DO NOT WRITE IN THIS SPACE

U00000047679
02/12/04-80050-011 150.00

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