

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90009 007 \*\*\*150.00

**DOCUMENT # H61750**

1. Entity Name  
**LYBARGER, KEITH & MCLEAN, P.A. CERTIFIED PUBLIC  
ACCOUNTANTS**



Principal Place of Business      Mailing Address  
300 N. CIRCLE      300 N. CIRCLE  
P.O. BOX 1102      P.O. BOX 1102  
SEBRING, FL 33870      SEBRING, FL 33870

**54007244**



01302004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2539310**      Not Applicable

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

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

**LYBARGER, BRUCE J.  
300 N. CIRCLE  
SEBRING, FL 33870**

**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, 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	POD LYBARGER, BRUCE J. 300 NORTH CIRLE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCLEAN, DOUGLAS A. 2707 GREENACRE DR SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/04**  
Date

**863-385-8850**  
Daytime Phone #