


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90033 039 ***150.00

DOCUMENT # H61750	
1. Entity Name LYBARGER, KEITH & MCLEAN, P.A. CERTIFIED PUBLIC ACCOUNTANTS	

Principal Place of Business 300 N. CIRCLE P.O. BOX 1102 SEBRING, FL 33870	Mailing Address 300 N. CIRCLE P.O. BOX 1102 SEBRING, FL 33870
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40016962



2. Principal Place of Business 300 CIRCLE PARK DRIVE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1102 Suite, Apt. #, etc.
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02042005 Chg-P CR2E034 (10/03)

City & State SEBRING FL	City & State SEBRING, FL
Zip 33870-3305	Country
Zip 33871-1102	Country

4. FEI Number 59-2539310	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LYBARGER, BRUCE J. 300 N. CIRCLE SEBRING, FL 33870	
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7. Name and Address of New Registered Agent: Name BRUCE J. LYBARGER Street Address (P.O. Box Number is Not Acceptable) 1417 CRESCENT DRIVE City SEBRING FL Zip Code 33870	
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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 Bruce Lybarger DATE 2/04/2005
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POD LYBARGER, BRUCE J. 300 NORTH CIRCLE SEBRING, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. D BRUCE J. LYBARGER 1417 CRESCENT DRIVE SEBRING, FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MCLEAN, DOUGLAS A. 2707 GREENACRE DR SEBRING, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: Bruce J. Lybarger BRUCE J. LYBARGER 2/04/2005 863-385-8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #