


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K76114**  
 1. Entity Name  
**EBAR, INC.**



Principal Place of Business      Mailing Address  
 % BARBARA HEYDUK      23755 LORAIN RD.  
 315 SHERWOOD FOREST      N. OLMSTED, OH 44070 US  
 DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**



03042004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0109951      Not Applicable

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

6. Name and Address of Current Registered Agent

HEYDUK, BARBARA P  
 315 SHERWOOD FOREST  
 DELRAY BEACH, FL 33445

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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 Barbara P. Heyduk      DATE 3/15/04  
Signature, typed or printed name of registered agent and title, if applicable      (NOTE: Registered Agent signature required when reconstituting)

**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	D
NAME	HEYDUK, BARBARA P.
STREET ADDRESS	315 SHERWOOD FOREST
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	HEYDUK, MARK
STREET ADDRESS	3016 DOVER CENTRAL RD.
CITY-ST-ZIP	WESTLAKE, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/19/04-80009-009 150.00

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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 filers empowered.

SIGNATURE: Mark Heyduk      DATE 3/19/04      Daytime Phone # 216-288-8445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #