

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L94574

Entity Name: FYSBO, INC.

FILED  
Jun 15, 2009  
Secretary of State

## Current Principal Place of Business:

1618 CREIGHTON ROAD  
PENSACOLA, FL 32504 US

## New Principal Place of Business:

## Current Mailing Address:

1618 CREIGHTON ROAD  
PENSACOLA, FL 32504 US

## New Mailing Address:

FEI Number: 59-3046314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICKELSON, PATRICIA  
1618 CREIGHTON RD  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: MICKELSON, PATRICIA  
Address: 1618 CREIGHTON RD  
City-St-Zip: PENSACOLA, FL 32504

Title: VP ( ) Delete  
Name: MICKELSON, ROBERT  
Address: 8832 RIDGEFIELD RD  
City-St-Zip: PENSACOLA, FL 32514

Title: ST ( ) Delete  
Name: MICKELSON, TRACY  
Address: 1618 CREIGHTON RD  
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: NA ( ) Change (X) Addition  
Name: NA, NA  
Address: NA  
City-St-Zip: NA, NA NA NA

Title: NA ( ) Change (X) Addition  
Name: NA, NA  
Address: 1618 CREIGHTON ROAD  
City-St-Zip: OEBSACIKA, FL NA NA

Title: NA ( ) Change (X) Addition  
Name: NA, NA  
Address: NA  
City-St-Zip: NA, NA NA NA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MICKELSON

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

Date