


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000004518

1. Entity Name
BARBARA NYBERG ENTERPRISES, P.A.



Principal Place of Business 2121 INDIAN AVENUE, N. BELLEAIR BLUFFS, FL 33770	Mailing Address 2121 INDIAN AVENUE, N. BELLEAIR BLUFFS, FL 33770
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01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3623427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NYBERG, BARBARA
2121 INDIAN AVENUE, N.
BELLEAIR BLUFFS, FL 33770

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8. This 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 of person providing name of registered agent and taking responsibility for filing this report. NOTE: Signature of registered agent, not Secretary of State, is required.

FILE NOW!!! FEES \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY OR ZIP	P NYBERG, BARBARA 2121 INIAN AVE. N BELLEAIR BLUFFS, FL 33770
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 01/20/04-80041-021 150.00

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 118.07(3)(b), 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 as changed or on an attachment with an address, with all other like empowerments.

SIGNATURE: Barbara Nyberg Jan 13-04 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Nyberg