


### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 08:00 AM**  
Secretary of State

<b>DOCUMENT # P00000106532</b> 1. Entity Name SBL ENTERPRISES, INC.	
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Principal Place of Business 9113 EGRET COVE CIRCLE RIVERVIEW, FL 33569	Mailing Address 9113 EGRET COVE CIRCLE RIVERVIEW, FL 33569
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**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

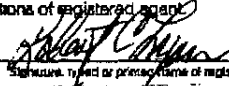
4. FEI Number 59-3681814	Applied For <input type="checkbox"/> Nox Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYON, ROBERT C  
4113-EGRET COVE CIRCLE  
RIVERVIEW, FL 33569

**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:  DATE: 2/28/04

SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT, AND THIS IS APPLICABLE. (NOTE: Registered Agent signature required when re-registering)

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

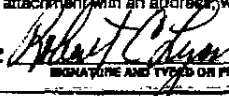
**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYON, ROBERT C 9113 EGRET COVE CIRCLE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYON, SHERRY M 9113 EGRET COVE CIRCLE RIVERVIEW, FL 33569
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**DO NOT WRITE IN THIS SPACE**

U00000075010  
03/03/04-80042-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Robert C. Lyon DATE: 2/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR