2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2007 8:00 am
Secretary of State
07-24-2007 90042 021 ***150.00

DOCUMENT # P00000106532

1. Entity Name

SBL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9113 EGRET COVE CIRCLE RIVERVIEW FL 33569	9113 EGRET COVE CIRCLE RIVERVIEW FL 33569

2nd MOORE CR2E034 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Above	Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country: Hillsboro Cty

4. FEI Number 59-3681814 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYON, ROBERT C
~~4113 EGTEL COVE CIRCLE~~
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name: Lyon, Robert C.
Street Address (P.O. Box Number is Not Acceptable): 9113 - Egret Cove Cirle
City: Riverview / FL 33569
FL Zip Code: 33569

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: Robert C Lyon — 8-01-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LYON, ROBERT C 9113 EGRET COVE CIRCLE RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LYON, SHERRY M 9113 EGRET COVE CIRCLE RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 — 8-01-07 — 813 620-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #