

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

9113 EGRET COVE CIRCLE
RIVERVIEW FL 33569

Mailing Address

9113 EGRET COVE CIRCLE
RIVERVIEW FL 33569

2. Principal Place of Business - No P.O. Box #

Above

3. Mailing Address

Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Hillsboro Cty

2nd MOORE

CR2E034 (4/07)

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

7. Name and Address of New Registered Agent

LYON, ROBERT C

4113 EGRET COVE CIRCLE
RIVERVIEW FL 33569

Name

LYON, ROBERT C.

Street Address (P.O. Box Number is Not Acceptable)

4113 EGRET COVE CIRCLE

RIVERVIEW / FL 33569

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

8-01-07

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

TITLE ☐ Delete

NAME LYON, ROBERT C
STREET ADDRESS 9113 EGRET COVE CIRCLE
CITY - ST - ZIP RIVERVIEW FL 33569

TITLE ☐ Delete

NAME LYON, SHERRY M
STREET ADDRESS 9113 EGRET COVE CIRCLE
CITY - ST - ZIP RIVERVIEW FL 33569

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-01-07

DATE

813
620-0799

Daytime Phone #