

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90004 029 \*\*\*150.00

**DOCUMENT # P01000037689**

**1. Entity Name**  
**CORONA AUSTRALIS, INC.**



**Principal Place of Business**  
300 N. CIRCLE  
SEBRING, FL 33870

**Mailing Address**  
300 N. CIRCLE  
SEBRING, FL 33870

**54015072**



01302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3717865**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

MCLEAN, DOUGLAS A  
300 N. CIRCLE  
SEBRING, FL 33870

**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**

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

(NOTE: Registered Agent signature required when reissuing)

DATE

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

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

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DP  
LYBARGER, BRUCE  
300 N. CIRCLE  
SEBRING, FL 33870

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
SD  
BROWN, WILLIAM R  
300 N. CIRCLE  
SEBRING, FL 33870

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 119.07(3)(i), 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:**

*Bruce J. Lybarger* **BRUCE LYBARGER**

*2/03/04*

Date

*863-385-8850*

Daytime Phone #