

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045049

FILED  
Mar 17, 2006  
Secretary of State

Entity Name: SYBO INC.

**Current Principal Place of Business:**

2525 SW 12TH PL  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2525 SW 12TH PL  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-2569906      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TEOLIS, JEFFREY R  
3728 SW 1ST PL  
CAPE CORAL, FL 33914      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ANDERSON, GREGORY B  
Address: 2525 SW 12TH PL  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete  
Name: HARDCASTLE, DAVID  
Address: 2525 SW 12TH PL  
City-St-Zip: CAPE CORAL, FL 33914

Title: ST ( ) Delete  
Name: LEMUNYON, GEORGE  
Address: 2525 SW 12TH PL  
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: DUGGINS, MARK W  
Address: 4616 SE 6TH AVENUE, UNIT 201  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Change (X) Addition  
Name: SCHMIDT, GREG A  
Address: 22409 NEW ROCHELLE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY B. ANDERSON

PRES

03/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date