

2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000045049

1. Entity Name
SYBO INC.

Principal Place of Business 4140 WHIDDEN BLVD. - UNIT C PORT CHARLOTTE, FL 33980	Mailing Address 4140 WHIDDEN BLVD. - UNIT C PORT CHARLOTTE, FL 33980
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01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2569906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARDNER, LAWRENCE E
4140 WHIDDEN BLVD. - UNIT C
PORT CHARLOTTE, FL 33980

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IN THIS SPACE

6. 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: Lawrence Gardner President 2/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	VP ANDERSON, GREGORY B 4140 WHIDDEN BLVD. - UNIT C PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARDNER, LAWRENCE E 4140 WHIDDEN BLVD. - UNIT C PORT CHARLOTTE, FL 33980
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03/05/08-80009-002 150.00

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: [Signature] 2/21/08 941-235-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #