


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000057854	
1. Entity Name CYBERGUARD CORPORATION	

Principal Place of Business 2000 W COMMERCIAL BLVD STE 200 FT. LAUDERDALE, FL 33309 US	Mailing Address 2000 W COMMERCIAL BLVD STE 200 FT. LAUDERDALE, FL 33309 US
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02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0510339	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  KOVALOVSKA, ADRIANA 2000 WEST COMMERCIAL BLVD STE 200 FORT LAUDERDALE, FL 33309
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATTE, MIKE 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO HAMMACK, SCOTT 2000 W COMMERCIAL BLVD STE 200 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, WILLIAM 2000 W COMMERCIAL BLVD STE 200 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, DAVID 2000 W COMMERCIAL BLVD STE 200 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KOVALOUSKA, ADRIANA 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WITTIG, MICHAEL 2000 W COMMERCIAL BLVD, STE. 200 FT. LAUDERDALE, FL 33309

000000068359  
02/27/04-80038-006 150.00

**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: *Mike Matte* 2/19/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #