

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005343

Entity Name: SIBCO ENTERPRISES, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

49 MANRESA ROAD
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

49 MANRESA ROAD
SAINT AUGUSTINE, FL 32095

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST CLAIR, MARGARET
49 MANRESA ROAD
ST AUGUSTINE, FL 32095 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: D () Delete
Name: ROSEMARY, EVANS
Address: 2009 HARVARD BLVD
City-St-Zip: DAYTON, OH 45406

Title: PD () Delete
Name: CESARIO, JOSEPH G
Address: 81 MANRESA ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD () Delete
Name: CESARIO, REGINA A
Address: 81 MANRESA ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD () Delete
Name: ST. CLAIR, MARGARET
Address: 49 MANRESA ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D () Delete
Name: BUEMI, MARILYN
Address: 801 DEERVALLEY DRIVE
City-St-Zip: CINCINNATI, OH 45245

Title: D () Delete
Name: BUEMI, PAUL
Address: 801 DEERVALLEY DRIVE
City-St-Zip: CINCINNATI, OH 45245

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH G. CESARIO

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date