

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000052223

1. Entity Name
RYBO 60 CORP.



Principal Place of Business

140 INTRACOASTAL POINT DR, SUITE 410
JUPITER, FL 33477

Mailing Address

140 INTRACOASTAL POINT DR, SUITE 410
JUPITER, FL 33477

**FILED
May 10, 2004 8:00 am
Secretary of State**

05-10-2004 90454 043 ***150.00

24073508



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0932527	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAASS, ROBB R
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

**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 reinstating)

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 PSTD
NAME DEGEORGE, LAWRENE F
STREET ADDRESS 140 INTRACOASTAL POINT DR, SUITE 410
CITY-ST-ZIP JUPITER, FL 33477

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

5617451001

Daytime Phone #