


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90066 042 ***150.00

DOCUMENT # P99000066158	
1. Entity Name S.B.D. OF CENTRAL FLORIDA, INC.	

Principal Place of Business 2950 PLANTATION ROAD WINTER HAVEN FL 33884	Mailing Address 2950 PLANTATION ROAD WINTER HAVEN FL 33884
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2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State	City & State
Zip	Country

4. FEI Number 59-3589358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LYONS, JIM R 2950 PLANTATION ROAD WINTER HAVEN FL 33884	
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7. Name and Address of New Registered Agent	
Name SAME	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LYONS, JIM R 2950 PLANTATION ROAD WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYONS, SHARON E 2950 PLANTATION ROAD WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, BRADLEY J 2950 PLANTATION ROAD WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, DOUGLAS B 2950 PLANTATION ROAD WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, SCOTT R 5005 SAND COVE COURT RALEIGH NC 27604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D LYONS, SCOTT R. 2950 PLANTATION RD. WINTER HAVEN, FL. 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JIM R. LYONS **2-28-05** **863-424-5606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #