

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 018 ***150.00

DOCUMENT # P98000087488

1. Entity Name
SEBRING LOCK & KEY, INC.



Principal Place of Business
3953 US HIGHWAY 27 S
SEBRING, FL 33870-5512

Mailing Address
3953 US HIGHWAY 27 S
SEBRING, FL 33870-5512

40043759



DO NOT WRITE IN THIS SPACE

01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0875408	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAINES, ELIZABETH
11806 S.R. 60 EAST
LAKE WALES, FL 33853

**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, 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	PSD HAINES, ROBERT 11806 SR 60 EAST LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD HAINES, ELIZABETH 11806 SR 60 EAST LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Haines

1/28/08 863- 314-0370
Date Daytime Phone #