# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 25, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # 310880

1. Entity Name
SBI CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 1100 HOMESTEAD RD N<br>LEHIGH ACRES, FL 33936 US | 1100 HOMESTEAD RD N<br>LEHIGH ACRES, FL 33936 US |

DO NOT WRITE IN THIS SPACE

02052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1211309

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL JR,HARRY C
100 DANIA CIRCLE
LEHIGH ACRES, FL 33936

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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 _____ DATE
*Signature, typed or printed name of registered agent and title if applicable.* (NOTE: Registered Agent signature required when reinstating)

**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 | PTD |
| NAME | POWELL JR, HARRY C |
| STREET ADDRESS | 100 DANIA CIRCLE |
| CITY-ST-ZIP | LEHIGH ACRES, FL 00000, |
| TITLE | S |
| NAME | ANGLICKIS, RUTH A. |
| STREET ADDRESS | 1100 HOMESTEAD RD. N. |
| CITY-ST-ZIP | LEHIGH ACRES, FL 00000, |
| TITLE | V |
| NAME | POWELL, DIANE D |
| STREET ADDRESS | 100 DANIA CIRCLE |
| CITY-ST-ZIP | LEHIGH ACRES, FL 00000, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: H C Powell Jr 2-5-08 239-369-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #