


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 311219**

1. Entity Name  
**SEBRING LAND AND SALES CORPORATION**



Principal Place of Business      Mailing Address

P.O. BOX 20868      P.O. BOX 20868  
 RIO PIEDRAS, PUERTO RICO, 00928 PR      RIO PIEDRAS, PUERTO RICO, 00928 PR

**DO NOT WRITE IN THIS SPACE**



07072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1237192**      Not Applicable

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

6. Name and Address of Current Registered Agent

**LIVINGSTON, JAMES L**  
**445 SOUTH COMMERCE AVENUE**  
**SEBRING, FL 33870**

**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 \_\_\_\_\_ (NOTE: Registered Agent Signature Required when reissuing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**    In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONTILLA-ROJO, CECI
STREET ADDRESS	ROAD 19, INTERSECTION 2
CITY-ST-ZIP	PUEBLO VIEJO, GUAYNABO, 00966
TITLE	V
NAME	TORRES - CARMEN
STREET ADDRESS	METRO OFFICE PARK #303
CITY-ST-ZIP	TEXACO PLAZA, GU 00968
TITLE	T
NAME	ROJO-PRENDES, BEATRIZ
STREET ADDRESS	7346 SW 57TH AVE
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	S
NAME	ROJO, RAFAEL
STREET ADDRESS	ROAD 19, INTERSECTION 2
CITY-ST-ZIP	PUEBLO VIEJO, GUAYNABO, 00966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 08/17/04-80001-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(0), 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:** \_\_\_\_\_ **7/9/04**

DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_