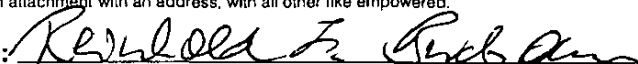


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90173 048 ***150.00

DOCUMENT # 406835 1. Entity Name SEBRING HOLIDAY ENTERPRISES, INC.					
Principal Place of Business 1714 QUEEN AVENUE SEBRING, FL 33875 US			Mailing Address 1714 QUEEN AVENUE SEBRING, FL 33875 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1407480	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent ABLES, CLIFFORD M III 551 SOUTH COMMERCE AVENUE SEBRING, FL 33870			7. Name and Address of New Registered Agent Name 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BUXBAUM, REINHOLD E	NAME			
STREET ADDRESS	1714 QUEEN AVENUE	STREET ADDRESS			
CITY - ST - ZIP	SEBRING, FL 33875	CITY - ST - ZIP			
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BUXBAUM, ANDREW	NAME			
STREET ADDRESS	144 HERBERT STREET	STREET ADDRESS			
CITY - ST - ZIP	TALLASSEE, AL 36078	CITY - ST - ZIP			
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	BUXBAUM, RENATE E	NAME			
STREET ADDRESS	1714 QUEEN AVENUE	STREET ADDRESS			
CITY - ST - ZIP	SEBRING, FL 33875	CITY - ST - ZIP			
TITLE	T ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	BUXBAUM, ROBERTA WITHA	NAME	T SCHUMACHER REBECCA		
STREET ADDRESS	800 GOLFSIDE LANE	STREET ADDRESS	2501 DOG LEG DR		
CITY - ST - ZIP	SEBRING, FL 33872	CITY - ST - ZIP	SEBRING, FL 33872		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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		4-16-07 Date		863-382-4222 Daytime Phone #	