2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 810053

Entity Name: SEBRING SHORES DEVELOPMENT INC

Current Principal Place of Business:

2208 SUNSET DR
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

2208 SUNSET DR
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-0822652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERWOOD,ROBERT E
2208 SUNSET DR
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHERWOOD, ROBERT M
Address: 489 REDA DR.
City-St-Zip: LAKE PLACID, FL 33825

Title: D ( ) Delete
Name: KELLY, ANNE
Address: 1124 LAKE SEBRING DR.
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: SHERWOOD, WADE
Address: 3031 CEDORA TERR.
City-St-Zip: SEBRING, FL 33870

Title: CD ( ) Delete
Name: SHERWOOD, ROBERT E
Address: 2208 SUNSET DR.
City-St-Zip: SEBRING, FL

Title: S ( ) Delete
Name: SHERWOOD, BRUCE
Address: 235 BRIGHTON RD
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M SHERWOOD PD 01/16/2009

Electronic Signature of Signing Officer or Director — Date