

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jan 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # F02000000710

1. Entity Name  
SEBRING CAPITAL CORPORATION



Principal Place of Business  
4000 INTERNATIONAL PARKWAY  
SUITE 3000  
CARROLLTON, TX 75007

Mailing Address  
4000 INTERNATIONAL PARKWAY  
SUITE 3000  
CARROLLTON, TX 75007



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
75-2652282

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 restate)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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  
CPS  
BROWN, MICHAEL L  
4000 INTERNATIONAL PARKWAY STE 3000  
CARROLLTON, TX 75007

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JONES, MARGARET KAY  
4222 ABBOTT  
DALLAS, TX 75205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
MEISSNER, NEAL R  
4000 INTERNATIONAL PARKWAY STE 3000  
CARROLLTON, TX 75007

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
WELCH, LANCE P  
4000 INTERNATIONAL PARKWAY STE 3000  
CARROLLTON, TX 75007

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000177410  
01/11/05-80040-010 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone \*

1/10/05

972-862-5000