

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90025 024 \*\*\*150.00

**DOCUMENT # P01000121720**

1. Entity Name  
**SEBRING RENTAL PROPERTIES, INC.**



Principal Place of Business

305 US 27 N.  
SEBRING, FL 33870

Mailing Address

305 US 27 N.  
SEBRING, FL 33870

**50009653**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

04-3603513

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACCO, JAMES D  
305 US 27 N  
SEBRING, FL 33870  
**33870**

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, 2006 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  
NAME SACCO, JOEY BROOKS  
STREET ADDRESS 1212 SW LAKEVIEW DR.  
CITY-ST-ZIP SEBRING, FL 33870 ☐ Delete

TITLE P  
NAME SACCO, JOEY BROOKS  
STREET ADDRESS 305 US 27 N.  
CITY-ST-ZIP SEBRING, FL 33870 ☐ Change ☐ Addition

TITLE V  
NAME SACCO, JAMES D  
STREET ADDRESS 4040 WILSON AVE.  
CITY-ST-ZIP SEBRING, FL 33875 ☐ Delete

TITLE V  
NAME SACCO, JAMES D.  
STREET ADDRESS 4014 LAKE HAVEN BLVD.  
CITY-ST-ZIP SEBRING, FL 33875 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

**446-1868**  
**4-04-06 (863)**