


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90029 019 ***150.00

DOCUMENT # P02000013050 1. Entity Name DELL ENTERPRISES OF SEBRING, INC.					
Principal Place of Business 1029 GREENWOOD TERR. SEBRING, FL 33876			Mailing Address P.O. BOX 7593 SEBRING, FL 33876		
2. Principal Place of Business - No P.O. Box # 3706 Thunderbird Hills Circle Suite, Apt. #, etc.		3. Mailing Address Circle Suite, Apt. #, etc.			
City & State Sebring, FL 33872		City & State			
Zip 33872	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent DELL, PAT 1029 GREENWOOD TERR. SEBRING, FL 33876			7. Name and Address of New Registered Agent Name No Name Change Street Address (P.O. Box Number is Not Acceptable) 3706 Thunderbird Hills Circle City Sebring FL Zip Code 33872		
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 _____ DATE 4/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DELL, PAT P.O. BOX 7593 SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ 4/4/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					