2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000106097

1. Entity Name
SEBRING 7'S, INC.

Principal Place of Business	Mailing Address
3568-3570 U.S. 27 SOUTH SEBRING, FL 33870	3568-3570 U.S. 27 SOUTH SEBRING, FL 33870

66423804

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152004 ___Chg-P ___CR2E034 (10/03)

4. FEI Number 56-239 5906 □ Applied For □ Not Applicable

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
JAMES F. MCCOLLUM, P.L. 129 SOUTH COMMERCE AVE SEBRING, FL 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, 2004 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: PRESIDENT + OWNER NAME: ALAN HOSTETLER STREET ADDRESS: PO BOX 7892 CITY-ST-ZIP: SEBRING FL 33872	□ 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
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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 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: Alan R. Hostetler ALAN HOSTETLER May 1, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone #