

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074206

Entity Name: SEBRING RESORT INC.

FILED  
Mar 17, 2007  
Secretary of State

## Current Principal Place of Business:

2620 ST ROAD 17  
SEBRING, FL 33870

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 550041  
FORT LAUDERDALE, FL 33355

## New Mailing Address:

FEI Number: 20-1117230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIVINGSTON, ROBERT E  
445 SOUTH COMMERCE AVENUE  
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: PRES ( ) Delete  
Name: DEGRANGE, DAVID D  
Address: 2620 ST ROAD 17 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: VP ( ) Delete  
Name: BUECHLER, JERRY  
Address: 2620 ST ROAD 17 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: VP ( ) Delete  
Name: LEMAY, CHRISTOPHER  
Address: 2620 ST ROAD 17 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: VP ( ) Delete  
Name: HARRELL, MICHAEL  
Address: 2620 ST ROAD 17 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: SEC. ( ) Delete  
Name: KIRK, CHRISTOPHER  
Address: 2620 ST ROAD 17 NORTH  
City-St-Zip: SEBRING, FL 33870

Title: TRES ( ) Delete  
Name: DEGRANGE, DAVID  
Address: 2620 ST ROAD 17 NORTH  
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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID DEGRANGE

PRES

03/17/2007

Electronic Signature of Signing Officer or Director

Date