

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000059425

1. Entity Name  
SB PROPERTIES (FLORIDA) LIMITED, INC.

FILED

07 APR 30 AM 10:08

ALLAHAMMEE, FLORIDA



04122007 Chg-P CR2E034 (12/06)

Principal Place of Business  
C/O KLINGBAUM BARKIN L.L.P.  
4950 YONGE STREET, STE 1906  
TORONTON, ON M2N 6-K1 CA

Mailing Address  
C/O KLINGBAUM BARKIN L.L.P.  
4950 YONGE STREET, STE 1906  
TORONTON, ON M2N 6-K1 CA

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For  
Not Applicable5. 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

ROECKER, PAUL  
1275 LAKE HEATHROW LANE  
HEATHROW, FL 32746

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, 2007 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 ☐ Delete  
NAME BARKIN, SAMUEL  
STREET ADDRESS 4950 YONGE STREET, STE 1906  
CITY-ST-ZIP TORONTON, ON M2N 6K1

TITLE ☐ Change ☐ Addition  
NAME 500103010055  
STREET ADDRESS 05/22/07--01021--004 \*\*1650.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 #