

Amended **2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

06-09-2008 90001 048 ***61.25
P07000075450

DOCUMENT # P07000075450

1. Entity Name

SDL LIMITED CORPORATION INC

FILED

08 JUN 12 PM 12:42

Principal Place of Business

**3508 DOLPHIN DRIVE
SEBRING FL 33870**

Mailing Address

**3508 DOLPHIN DRIVE
SEBRING FL 33870**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0428420

5. Certificate of Status Desired ☐

**\$8.75 A.
Fee Requir**

6. Name and Address of Current Registered Agent

**MCCOLLUM, JAMES F
129 S COMMERCE AVE
SEBRING FL 33870**

7. Name and Address of New Registered Agent

SHARON D Lebeau

Street Address (P.O. Box Number is Not Acceptable)

3508 Dolphin Dr.

City **Sebring**

FL

Zip **33870**

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEES \$150.00
Start May 1, 2008 Fee will be \$500.00
Make Check payable to FID/IDA Corporation, Inc.**

9. Election Campaign Financing ☐ \$5

Trust Fund Contribution ☐ Aoc

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEBEAU, SHARON 3508 DOLPHIN DRIVE SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEBEAU, KEITH 3508 DOLPHIN DRIVE SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEBEAU, SHARON 3508 DOLPHIN DRIVE SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEBEAU, KEITH 3508 DOLPHIN DRIVE SEBRING FL 33870	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$16/12	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplement 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 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 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

Sharon D Lebeau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Copy Fee

4-16-08 563-385