

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000024821

1. Entity Name
FBC CONDOMINIUM SALES AND RENTALS, INC.



FILED
Mar 03, 2008 08:00 A
Secretary of State

Principal Place of Business
103500 OVERSEAS HWY
KEY LARGO, FL 33037

Mailing Address
P.O. BOX 2520
KEY LARGO, FL 33037 US



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0565766	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, DAVID A
103500 OVERSEAS HWY
KEY LARGO, FL 33037

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHERMAN, DAVID A
STREET ADDRESS 103500 OVERSEAS HWY
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE
NAME
STREET ADDRESS
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: *James P. Tegardin* **JAMES P. TEGARDIN GM** **2/29/08**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #