



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000031795 1. Entity Name SEBRING SQUARE, INC.			
Principal Place of Business P.O. BOX 2707 PALM BEACH, FL 33480		Mailing Address 255 S COUNTY RD. SUITE 201 PALM BEACH, FL 33480	
DO NOT WRITE IN THIS SPACE		 01082007 No Chg-P CR2E034 (11/05)	
4. FEI Number 11-3454802		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELMING, HAILE & SHAW, P.A. 11780 US HIGHWAY 1 SUITE 300 PALM BEACH GARDENS, FL 33408		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000622229 02/13/07-80018-007 150.00	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PVS	GRACE, JOHN	55 BROOKVILLE ROAD GELN HEAD, NY 11545
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: <u>John S. Grace</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-29-07</u> Daytime Phone # <u>561-659-7900</u>	