


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90060 010 ***150.00

DOCUMENT # P98000087488 1. Entity Name SEBRING LOCK & KEY, INC.	
--	---

Principal Place of Business 3953 US HIGHWAY 27 S SEBRING, FL 33870-5512	Mailing Address 3953 US HIGHWAY 27 S SEBRING, FL 33870-5512
---	---

60009017



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0875408	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HAINES, ELIZABETH 11806 S.R. 60 EAST LAKE WALES, FL 33853
--

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: <u><i>Elizabeth Haines</i></u> <small>Signature, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<u>1/26/06</u> DATE
--	------------------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HAINES, ROBERT 11806 SR 60 EAST LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD HAINES, ELIZABETH 11806 SR 60 EAST LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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>Robert Haines</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/26/06</u> <u>863-314-0370</u> <small>Date Daytime Phone #</small>
--	---