


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90032 018 \*\*\*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
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**DO NOT WRITE IN THIS SPACE**

40043759



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0875408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 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	
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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: *Robert Haines*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08 863-314-0370  
 Date Daytime Phone #

Robert Haines