

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90411 013 ***150.00

DOCUMENT # P05000147479

1. Entity Name
SENSIBLE CAR, INC.



Principal Place of Business
 725 A 12TH STREET
 VERO BEACH, FL 32960

Mailing Address
 725 A 12TH STREET
 VERO BEACH, FL 32960

40059614



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FBI Number

13-4312719

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEAGRIST, LAWRENCE W
 1460 PELICAN LANE
 VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SEAGRIST, LAWRENCE W	
STREET ADDRESS	1460 PELICAN LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEAGRIST, MARYJO	
STREET ADDRESS	1460 PELICAN LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	SEAGRIST, LAWRENCE W	
STREET ADDRESS	1460 PELICAN LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	SEAGRIST, MARYJO	
STREET ADDRESS	1460 PELICAN LANE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 Date Daytime Phone # _____