


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000050876

1. Entity Name
SEBASTIAN TILE & MARBLE, INC.



Principal Place of Business
**26071 TATTERSALL LANE
 PUNTA GORDA, FL 33983**

Mailing Address
**26071 TATTERSALL LANE
 PUNTA GORDA, FL 33983**

DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0593376	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

**FINOCCHIARO, LUZ E
 26071 TATTERSALL LANE
 PUNTA GORDA, FL 33983**

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 re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PS	FINOCCHIARO, LUZ E 26071 TATTERSALL LANE PUNTA GORDA, FL 33983
TITLE VT	FINOCCHIARO, SEBASTIAN 26071 TATTERSALL LANE PUNTA GORDA, FL 33983
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS

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 05/15/07-80157-025 150.00

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: Luze Finocchiaro **Luze Finocchiaro**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-2-07 Daytime Phone #: 941-627-2788