

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 443098

1. Entity Name
SEBASTIAN COMMUNICATION, INC.



Principal Place of Business
473 MANOR DRIVE
MERRITT ISLAND, FL 32952

Mailing Address
473 MANOR DRIVE
MERRITT ISLAND, FL 32952

FILED
05 JUL -5 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1517135

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, FRANK E
1360 GLEN HAVEN DR.
MERRITT ISLAND, FL 32952

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
PST
CAMPBELL, FRANK
1360 GLEN HAVEN DR.
MERRITT ISLAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPBELL, FRANK
1360 GLEN HAVEN DR.
MERRITT ISLAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CAMPBELL, CARL E.
1360 GLEN HAVEN DRIVE
MERRITT ISLAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700057476327
07/14/05--01060--001 **550.00

**DO NOT WRITE
IN THIS SPACE**

8/7/13

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #