


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

06-05-2007 90013 033 \*\*\*150.00

DOCUMENT #684106		
1. Entity Name SEBASTIAN BETTER PROPERTIES, INC.		

Principal Place of Business 14005 N. INDIAN RIVER DR. BOX 411 ROSELAND, FL 32957 US	Mailing Address 14005 N. INDIAN RIVER DR. ROSELAND, FL 32957 US
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2. Principal Place of Business - No P.O. Box # 14720 SW 20TH ST	3. Mailing Address 14720 SW 20TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAVIE, FL	City & State DAVIE, FL
Zip 33325	Zip 33325
Country US	Country US

6. Name and Address of Current Registered Agent KENNEY, MICHAEL A. 14005 N. INDIAN RIVER DR. ROSELAND, FL 32957	
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40119866

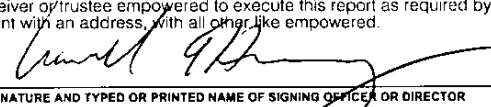
4. FEI Number 59-2061307		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name KENNEY, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 14720 SW 20TH ST City DAVIE FL Zip Code 33325	
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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 MICHAEL A KENNEY PROS.	DATE 5/20/07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV KENNEY, MICHAEL A. 14005 N. INDIAN RIVER DR. ROSELAND, FL 32957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV KENNEY, MICHAEL A 14720 SW 20TH ST DAVIE, FL 33325 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 5/20/07 DAYTIME PHONE # 870-656-0239