FILED Jan 29, 2007 8:00 am Secretary of State

2007	FUR PRUFII CURPURATIO	•
	ANNUAL REPORT	

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DOCUMENT # L95741 1. Entity Name SEBASTIAN TRAVEL AND TOURS, INC.							01-29-2007 9	90097 022 ***	150.00		
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Principal Place of Business			Mailing Address			1					
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SEBASTIAN, I	L 32958		2FB/	ASTIAN, FL 32958	i						
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			16.14.	r. Add							
Principal Place of Business - No P.O. Box # Address								OSBII BIONI BIONI DIONI	I CIBILESI II IBBI	ļ	
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Suite, Apt.	#, etc.		Suit	e, Apt. #, etc.			01122007	Chg-P	CR2E034 (12/	06)	
			1							146-45-	
City & State	3		City	City & State			4. FEI Number			Applied Fo	
							59-3022	440		Not Applica	able
Zip		Country	Zip		Coun	itry	5. Certificate of	of Status Desired		Additional	
									Fee Rec	uirea	
	6. Name	and Address of Curren	t Register	d Agent			7. Name and	Address of New R	egistered Agent		
						Name					ĺ
LOUGHLIN		N/ 4				Street Address i	(P.O. Box Number	r is Not Acceptable			
13600 U.S						Oli Cot Fiction Cost	(1.0. Box 1101100	i io i iot rio dopiacio	′′		
SEBASTIA	N, FL 32	958									
						City			FL Zip	Code	
		1 6 47 - 1	()					is the State of Fla		rith and non	2001
	named entit ions of regist	ry submits this statement I	for the purp	oose of changing its	register	ea office of registe	ered agent, or both	n, in the State of Fic	onga. Tam tamiliar t	viin, and acc	:epi
the obligat	ions or regis	tereu agorit.									
SIGNATURE_											
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if ap	plicable. (NOT	E: Registers	ed Agent signature require	ed when reinstating)		DATE		
											$\neg \neg$
F#1	r Mowill	FEE 10 \$450.00		9. Election Campa	ign Finar	ncing \$5	5.00 May Be				ľ
		FEE IS \$150.00 7 Fee will be \$550	.00	Trust Fund Cont	_		ded to Fees				
	-, -,										
10.		OFFICERS AND	D DIRECTO	DRS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIREC	FORS IN 11	
TITLE	D			☐ Delete	TITL	E			Cha	nge 🔲 Add	dition
NAME	GREENE	, LESLIE			NAM	\$E					
STREET ADDRESS	11105 ROSELAND RD					EET ADDRESS					
CITY-ST-ZIP	ROSELAI	ND, FL			CITY	'-ST-ZIP					}
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STREET ADDRESS						EET ADDRESS					1
CITY-ST-ZIP					CITY	f-ST-ZIP					
12. Thereby	certify that th	ne information supplied wi	ith this filing	g does not qualify for	or the ex	emptions containe	ed in Chapter 119	, Florida Statutes. I	further certify that	the information	on
indicated	on this repo	ort or supplemental report	t is true and	l accurate and that	my signa	ature shall have the	e same legal effec	t as il made under i	oath; that I am an o	ticer or direc	ctor
		the receiver or trustee em echment with an address				med by Chapter 60	or, Fiorida Statute:	s, and matriy nam	e appears in Diock	رمد حمد	, , ,,
			. 7	h.		1		1/2-12	112	-589	أ
SIGNAT	URF:	Xest	بعر	1 Mene	· L	eslie Gr	reene_	112510	rv7	5083	_
		SIGNATURE AND TYPED OF	R PRINTED NA	ME OF SIGNING OFFICER	OR DIREC	TOR		Date	Daytime Ph	he #	