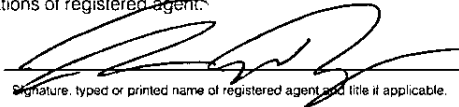
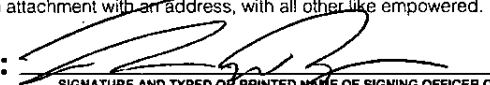


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90008 022 ****61.25

DOCUMENT # N05465 1. Entity Name SEBASTIAN EXECUTIVE BUILDING, INC.					
*Principal Place of Business 1623 NORTH U.S. 1, SUITE B-3 SEBASTIAN FL 32958 US			Mailing Address 1623 US 1 STE B-3 SEBASTIAN FL 32958 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-2532555		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PRICE, CHARLES C 1623 U.S. 1, STE B-4 SEBASTIAN FL 32958			7. Name and Address of New Registered Agent Name <u>Thomas W. Lyons</u> Street Address (P.O. Box Number is Not Acceptable) <u>1623 US Hwy 1, Suite A-4</u> City <u>Sebastian</u> FL Zip Code <u>32958</u>		
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 <u>2/16/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PRICE, CHARLES C 1623 US HWY 1 STE B4 SEBASTIAN FL 32958	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Lyons, Thomas W. 1623 US Hwy 1, Suite A-4 Sebastian, FL 32958	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOLER, STEVE 1623 US 1, SUITE B-2 SEBASTIAN FL	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Abelson, James 1623 US Hwy 1, Suite A-3 Sebastian, FL 32958	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYONS, TOM 1623 US 1 SEBASTIAN FL 32558	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Smith, John David 1623 US Hwy 1, Suite B-3 Sebastian, FL 32958	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Carter, Burney 1623 US Hwy 1, Suite A-2 Sebastian, FL 32958	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 617, 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 <u>2/16/04</u> Daytime Phone # <u>772-581-2810</u>		