## 2005 NOT-FOR-PROFIT CORPORATIO **ANNUAL REPORT**

N	Secretary of State
	02-28-2005 90230 012 ****61.25

**DOCUMENT # N05465** 1. Entity Name SEBASTIAN EXECUTIVE BUILDING; INC. Principal Place of Business Mailing Address 50020389 1623 NORTH U.S. 1, SUITE B-3 1623 US 1 SEBASTIAN, FL 32958 US STE B-3 SEBASTIAN, FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 Cha-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-2532555 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYONS, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 1623 U.S. 1. SUITE A-4 SEBASTIAN, FL 32958 . . City Zip Code 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 reinstating) 9. Election Campaign Financing ' \* Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Carter Burney 1623 U.S. Hwy I. Suite A.Z. TITLE Delete TITLE Change ■ Addition LYONS, THOMAS W NAME NAME STREET ADDRESS 1623 US HWY 1, SUITE A-4 STREET ADDRESS Sebastian, FL 32958 CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP **Delete** Change TR Addition TITLE TITLE Thomas Scott ABELSON, JAMES NAME NAME 1423 U.S. Hury 1 Switz B-1 1623 US HWY 1, SUITE A-3 STREET ADDRESS STREET ADDRESS SELASTIAN FL 32958 CITY-ST-ZIP CITY-ST-7IP SEBASTIAN, FL 32958 Change Addition ŤIŤLE ☐ Delete TITLE Kin Maynord SMITH, JOHN DAVID NAME NAME 1627 U.S HWY1 Suita 13-5 1623 U S HWY 1, SUITE B-3 STREET ADDRESS STREET ADORESS Sebashan FL 32958 SEBASTIAN, FL 32958 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE CARTER, BURNEY NAME NAME STREET ADDRESS 1623 US HWY 1, SUITE A-2 STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change, Addition | TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date