2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P00000022975  1. Entity Name SAN SABASTIAN HOLDING, INC.						Feb 27, 2004 08:00 AM Secretary of State				
Principal Pipo	o of Rupinger	Afailin	g Address		L	1				
Principal Place of Business 9460 FLEMING GRANT RD.			9460 FLEMING GRANT RD.							
SEBASTIAN FL 32958		SEBASTIAN FL 32958								
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2. Principal Place of Business			3. Mailing Address							
a mopan	idoo of <i>Dasmida</i> s	w maining madicas								
Suite, Apt. #, etc.		Suite, Apt #, etc			7	MOORE	CR2E034	(11/03)		
City & State	е	City & State				4. F	El Number 59-363515	9	{	Applied For Not Applicable
Zıp	Country	Zip	Z <sub>i</sub> p Cour		otry	5. (	Certificate of Status Desired		\$8.75 A	dditional
	6. Name and Address of Current	Registere	d Agent		1	7. h	lame and Address of New		Fee Requir	
G. Hattle and Address of Guttern negatived Agent					Name				32	
WILLIAM BAGGS, JOSEPH JR 9460 FLEMING GRANT RD.				Street Address	(P.O. 8	lox Number is Not Acceptab	le)			
SEBASTIAN FL 32958										
				City			FL	Zip Co	de	
The above named entity submits this statement for the purpose of changing its registered office or registered.							ent, or both, in the State of F			n, and accept
	ions of registered agent.			-	_					
SIGNATURE.	Signature, typed or printed name of registered agent a	and title 4 app	vicable (NOTI	E Recistere	id Agent signature require	ố when re		DATE		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of Stal							9. Election Campaign F Trust Fund Contributi			00 May Be ed to Fees
10.	OFFICERS AND	DIRECTO	RS	11.		AD	I DITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 11
TITLE	PD		☐ Defete	រេវ	Ε				Change	☐ Addition
NAME	WILLIAM BAGGS, JOSEPH JR			NAM	-		U00000	068011		
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STREET ADDRESS	9460 FLEMING GRANT RD.			STRI	EET ADDRESS					
CITY-ST-ZIP	SEBASTIAN FL 32958			CITY	·ST-ZIP		<del></del>			
TITLE			Delete	าศบ	-				Change	Addition
NAME STREET ADDRESS		•		MAM	EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
IIILE			☐ Detete	RUL	E		\ <u>-</u>		☐ Change	Addition
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TETLE NAME			☐ Dejete	TEEL: NAM	•				☐ Change	Addition
STREET ADDRESS					EET ADDRESS					
CATY-ST-ZIP				CHTY	'-S1-7IP					
THILE			☐ Delete	TETL	E				☐ Change	Addition
NAME CTOCCT 40000000				NAM	- {					
STREET ADDRESS CITY-ST-ZIP				B	EET ADORESS '-ST-ZIP					
	Legify that the information connline with	this filing	does not qualify to			ection	119 07(3)(i) Florida Statuda	I further cor	tily that the	information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.										

FILED

FEB 2, 2004 772-6648300