

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90009 047 \*\*\*150.00

DOCUMENT # P01000091215

1. Entity Name

SEBASTIAN MOVING & AUTO TRANSPORT, INC.



Principal Place of Business

911 US 1  
SEBASTIAN FL 32958

Mailing Address

911 US 1  
SEBASTIAN FL 32958



2. Principal Place of Business

4415 77th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 162

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

VERO BEACH, FL.

City & State

WINTER BEACH, FL.

4. FEI Number

26-0005721

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip

32967

Country

INDIAN RIVER

Zip

32971

Country

INDIAN RIVER

6. Name and Address of Current Registered Agent

BIGGINS, SEAN W  
1432 21ST STREE, STE G  
VERO BCH FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: WALSH, THOMAS  
STREET ADDRESS: 10320 92ND STREET  
CITY-ST-ZIP: VERO BEACH FL 32967

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
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NAME:   
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CITY-ST-ZIP:   
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
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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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2005 772-589-0806

Date

Daytime Phone #