2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Feb 01, 2007 08:00 AM **Secretary of State** DOCUMENT # P02000064442 1. Entity Name SEBASTIAN POOL & PATIO, INC. Principal Place of Business Mailing Address 736 S FLEMING ST 268 MIDVALE TERR SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 01252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3063991 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HYDE, STEVE 268 MIDVALE TERR SEBASTIAN, FL 32958 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or ponted name of registored agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TILLE HYDE, STEVE U00000615950 02/07/07-80007-018 150.00 NAME 268 MIDVALE TERR STREET ADDRESS SEBASTIAN, FL 32958 CITY-ST-ZIP SISLE NAME STREET ADDRESS CHY-SI-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP HILE NAME STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

29.07

Davime Phone #

FILED