

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90753 037 ***150.00

DOCUMENT # P02000069587

1. Entity Name
SEBASTIAN MAINTENANCE SERVICES, CORP.



Principal Place of Business
**3815 NW 84 AVE.
CORAL SPRINGS, FL 33065**

Mailing Address
**3815 NW 84 AVE.
CORAL SPRINGS, FL 33065**



02062004 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0618216

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** □ □ □ □ □ □ □ □ □ □

6. Name and Address of Current Registered Agent

**RODRIGUEZ, DIANA A
3815 NW 84 AVE.
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
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 printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** □ □ □ □ □ □ □ □ □ □

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, DIANA A
STREET ADDRESS	3815 NW 84 AVE.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4-28-04

Date

954 227-7086

Daytime Phone #