


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90316 016 ***150.00

DOCUMENT # P03000158179		
1. Entity Name SEBASTIAN SEA PRODUCTS, INC.		

Principal Place of Business 1529 GLENTY LN SEBASTIAN, FL 32958	Mailing Address 1529 GLENTY LN SEBASTIAN, FL 32958
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2. Principal Place of Business 8056 103RD AVE	3. Mailing Address 8056 103RD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO BEACH, FL	City & State VERO BEACH FL
Zip 32967	Zip 32967-3695
Country INDIAN RIVER	Country INDIAN RIVER



02222006 Chg-P CR2E034 (11/05)

4. FEI Number 55-0855169		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FENYAK, JOSEPH 1529 GLENTY LN SEBASTIAN, FL 32958		
7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 8056 103RD AVE City VERO BEACH FL Zip Code 32967-3695		

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FENYAK, JOSEPH 1529 GLENTY LN SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAULINO, LOIS 1529 GLENTY LN SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Joseph Fenyak Date: 4/12-06 Daytime Phone #: 772-321-3997