

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90245 027 ***150.00

DOCUMENT # P05000108140

1. Entity Name
ALLIANCE-SEBASTIAN, INC.



Principal Place of Business
730 E. STRAWBRIDGE AVENUE
100
MELBOURNE, FL 32905

Mailing Address
730 E. STRAWBRIDGE AVENUE
100
MELBOURNE, FL 32905

40083100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3259866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATARAZZO, PATRICIA
730 E. STRAWBRIDGE AVENUE
100
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name

Cassella, Lizabeth

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

730 E. Strawbridge Ave

Suite 100

City Melbourne

FL

Zip Code 32901

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)

4/18/2006

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☒ Delete
NAME THE ALLIANCE OF BREVARD, INC.
STREET ADDRESS 730 E. STRAWBRIDGE AVENUE, SUITE 100
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition
NAME Cassella, Lizabeth
STREET ADDRESS 730 E. Strawbridge Ave Suite 100
CITY-ST-ZIP Melbourne, FL 32901

TITLE ST ☐ Change ☒ Addition
NAME Spragins, Mike
STREET ADDRESS 730 E. Strawbridge Ave Suite 100
CITY-ST-ZIP Melbourne, FL 32901

TITLE VP ☐ Change ☒ Addition
NAME Spragins, Stephen
STREET ADDRESS 730 E. Strawbridge Ave Suite 100
CITY-ST-ZIP Melbourne, FL 32901

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

TITLE D ☐ Change ☒ Addition
NAME MATARAZZO, Patricia
STREET ADDRESS 730 E. Strawbridge Ave Suite 100
CITY-ST-ZIP Melbourne, FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

321-784 9600

Date

Daytime Phone #