

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

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



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CASSELLA, LIZABETH
730 E STRAWBRIDGE AVE
100
MELBOURNE, FL 32901

**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 _____

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000380089
04/15/08-80047-017 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CASSELLA, LIZABETH
730 E STRAWBRIDGE AVE STE 100
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
SPRAGINS, MIKE
730 E STRAWBRIDGE AVE STE 100
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPRAGINS, STEPHEN
730 E STRAWBRIDGE AVE STE 100
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATARAZZO, PATRICIA
730 E STRAWBRIDGE AVE STE 100
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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

3-31-08

Date

321-724-9600

Daytime Phone #