

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000158652

1. Entity Name
SEBASTIAN TRUCKING EXPRESS, INCORPORATED



**FILED
Mar 16, 2006 8:00 am
Secretary of State**

03-16-2006 90224 039 ***150.00

50003036



02142006 Chg-P CR2E034 (11/05)

Principal Place of Business		Mailing Address					
2514 SW DANIA ST PORT ST LUCIE, FL 34953		2514 SW DANIA ST PORT ST LUCIE, FL 34953					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCLEAN, LEO 2514 SW DANIA ST PORT ST LUCIE, FL 34953				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

4. FEI Number **161741794** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE: P NAME: MCLEAN, LEO STREET ADDRESS: 2514 SW DANIA ST CITY-ST-ZIP: PORT ST LUCIE, FL 34953</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			

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

3/13/06
Date Daytime Phone #