

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90090 001 ***150.00
 04-22-2008 90090 002 *****8.75

DOCUMENT # P07000092446



1. Entity Name
JULIO F. SEBASTION INC

Principal Place of Business Mailing Address
 1120 TURTLE CREEK DR APT 622 1120 TURTLE CREEK DR APT 622
 NAPLES, FL 34110 NAPLES, FL 34110

66007558

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

04142008 Chg-P CR2E034 (12/06)

Zip Country

Zip Country

4. FEI Number **26-0748205** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SEBASTION, JULIO F
 1120 TURTLE CREEK DR APT 622
 NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name **Julio F. Sebastian Inc**
 Street Address (P.O. Box Number is Not Acceptable) **11453 ORANGE RDW. APT**
BONITA SPRINGS, FL
 City **FL** Zip Code **34134**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEBASTION, JULIO F 1120 TURTLE CREEK DR APT 622 NAPLES, FL 34110	<input type="checkbox"/> Delete
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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"/> 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: Julio F. Sebastian
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08
 Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Document Number P07000092446
Business Entity Name JULIO F. SEBASTION INC
FEI Number 260748205
FEI Number Status
Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 11453 ORANGE BLOSSOM DR.
City, State BONITA SPRINGS, FL
Zip Code & Country 34134

Mailing Address

Address 11453 ORANGE BLOSSOM DR.
City, State BONITA SPRINGS, FL
Zip Code & Country 34134

Name And Address of Registered Agent

Name (Last, First, Middle, Title) SEBASTIAN, JULIO , F
Address 11453 ORANGE BLOSSOM DR.
City, State BONITA SPRINGS, FL
Zip Code & Country 34134 US
Registered Agent Signature JULIO F. SEBASTIAN

Officer/Director Name And Address

Name And Address #1

Title P
Name (Last, First, Middle, Title) SEBASTIAN, JULIO , F
Street Address 1120 TURTLE CREEK DR APT 622
City, State NAPLES, FL

ATTACHMENT 66007558

#P07000092446

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2007

Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service (5)

▶ Attach to Form 1040. ▶ See instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)
JULIO FRANCISCO SEBASTIAN

Social security number of person
with self-employment income ▶

770 12 3251

Who Must File Schedule SE

You must file Schedule SE if:

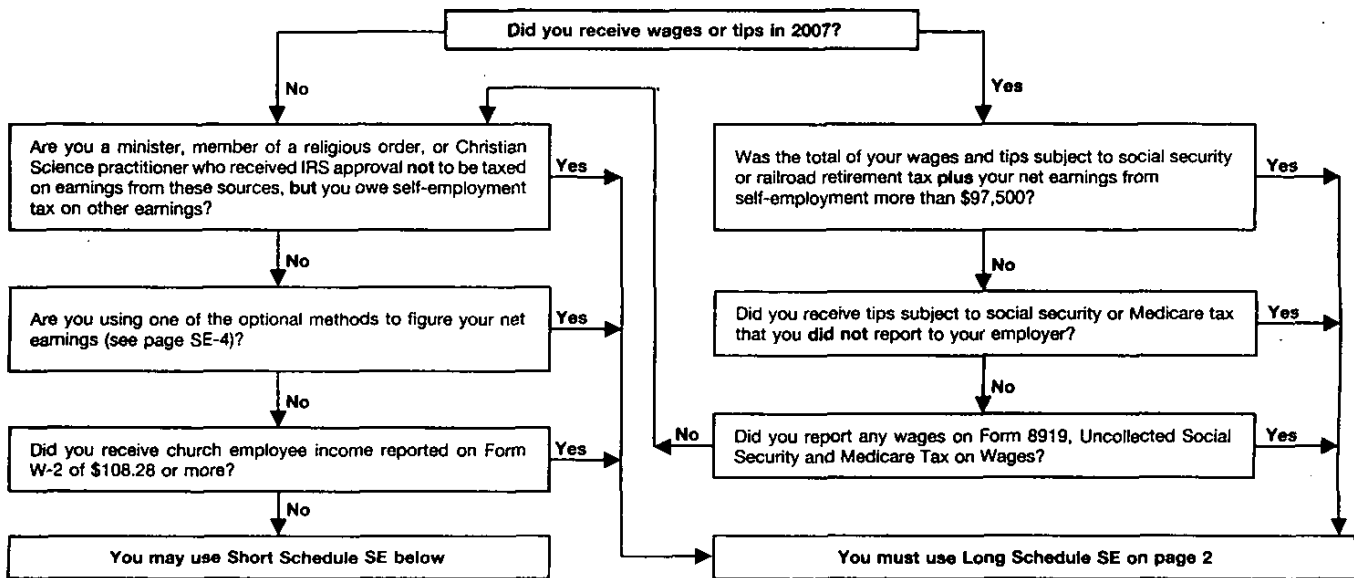
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report	2	929	00
3	Combine lines 1 and 2	3	929	00
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax ▶	4	857	00
5	Self-employment tax. If the amount on line 4 is: • \$97,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$97,500, multiply line 4 by 2.9% (.029). Then, add \$12,090 to the result. Enter the total here and on Form 1040, line 58	5	131	00
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6		00

ATTACHMENT 66007558

**SCHEDULE C-EZ
(Form 1040)**

Net Profit From Business
(Sole Proprietorship)

OMB No. 1545-0074

2007

Attachment
Sequence No. **09A**

Department of the Treasury
Internal Revenue Service (5)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions on back.

Name of proprietor

Julio FRANCISCO Sebastian

Social security number (SSN)

770 12 3251

Part I General Information

You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-4 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service

Tax Finishing

B Enter code from pages C-8, 9, & 10

C Business name. If no separate business name, leave blank.

JULIO FRANCISCO SEBASTIAN

D Employer ID number (EIN), if any

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

11453 ORANGE Blossom PR.
BONITA SPRINGG, FL. 34134

Part II Figure Your Net Profit

1 Gross receipts. **Caution.** If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see **Statutory Employees** in the instructions for Schedule C, line 1, on page C-3 and check here

1	5361	00
2	4433	00
3	928	00

2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C.

3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 1/1/07

5 Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

6 Do you (or your spouse) have another vehicle available for personal use? Yes No

7 Was your vehicle available for personal use during off-duty hours? Yes No

8a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income

Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I.

Table with 13 rows and 3 columns. Rows 1-13 contain self-employment tax calculations. Row 7 shows 97,500 00. Row 14 shows 1,600 00. Rows 15-17 are for optional methods.

Part II Optional Methods To Figure Net Earnings (see page SE-4)

Table with 4 rows and 3 columns. Rows 14-17 contain optional methods for net earnings. Row 14 shows 1,600 00. Row 17 is for nonfarm optional method.

1 From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.
2 From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.
3 From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
4 From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.



JULIO F SEBASTIAN INC
1120 TURTLE CREEK DR APT 622
NAPLES FL 34110-2212

ATTACHMENT



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0

13904

Statement Period Date: 11/6/2007 - 11/30/2007

Account Type: Bus Basics Checking

Account Number: 7432084221

Banking Center: Bonita Beach

Banking Center Phone: 239-949-6300

Commercial Client Services: 1-800-589-5355

www.53.com



Account Summary - 7432084221

11/06 Beginning Balance	\$0.00	Number of Days in Period	25
4 Checks	\$(1,025.00)		
1 Withdrawals /-Debits	\$(70.00)		
2 Deposits / Credits	\$5,861.00		
11/30 Ending Balance	\$4,766.00		

Checks

4 checks totaling \$1,025.00

* Indicates gap in check sequence i = Electronic Image s = Substitute Check

Number	Date Paid	Amount	Number	Date Paid	Amount	Number	Date Paid	Amount
1005 i	11/30	303.00	1018 i	11/30	254.00	1019 i	11/29	169.00
1017*i	11/29	299.00						

Withdrawals / Debits

1 item totaling \$70.00

Date	Amount	Description
11/21	70.00	DELUXE BILLING CHK ORDERS 00350 112107

Deposits / Credits

2 items totaling \$5,861.00

Date	Amount	Description
11/06	500.00	DEPOSIT
11/28	5,361.00	DEPOSIT

Daily Balance Summary

Date	Amount	Date	Amount
11/06	500.00	11/28	5,791.00
11/21	430.00	11/29	5,323.00
		11/30	4,766.00

YOU SET YOUR GOALS. FIFTH THIRD BANK WILL HELP YOU REACH THEM. TO FIND OUT HOW FIFTH THIRD BANK IS MOVING FORWARD WITH YOU, STOP BY YOUR LOCAL FIFTH THIRD BANKING CENTER. MEMBER FDIC.