

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90013 042 ***150.00

DOCUMENT # P94000048756

1. Entity Name
SEBREE, INC.



Principal Place of Business
**3816 W LINEBAUGH AVE., STE. 114
TAMPA, FL ~~33624~~ US
33618**

Mailing Address
**3816 W LINEBAUGH AVE., STE. 114
TAMPA, FL ~~33624~~ US
33618**

44001409



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3252709

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEBREE, BILL W
3816 W LINEBAUGH AVE., STE 114
TAMPA, FL ~~33624~~
33618**

**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 _____ (NOTE: Registered Agent signature required when translating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEBREE, BILL W 3901 WILLOW TREE DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST SEBREE, SUSAN 3901 WILLOW TREE PLACE TAMPA, FL 33624
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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 exemption stated in Section 119.07(3)(i), 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: Bill W. Sebree, PRES 1/5/04 813 264 6719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *