

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000012988

Entity Name: SEBASTIAN INSURANCE, INC.

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

734 S. FLEMING STREET
SEBASTIAN, FL 32958

New Principal Place of Business:

1013 US HIGHWAY 1
SEBASTIAN, FL 32958

Current Mailing Address:

PO BOX 781024
SEBASTIAN, FL 32978

New Mailing Address:

FEI Number: 59-3382335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEYS, DONNA A
734 S. FLEMING STREET
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

KEYS, DONNA A
1013 US HIGHWAY 1
SEBASTIAN, FL 32958 US

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.

SIGNATURE: DONNA A. KEYS

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KEYS, DONNA A
Address: 734 S. FLEMING STREET
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KEYS, DONNA A
Address: 1013 US HIGHWAY 1
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA A. KEYS

PRES

06/29/2005

Electronic Signature of Signing Officer or Director

Date