


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90281 009 ***150.00

DOCUMENT # P97000070124	
1. Entity Name SEBASTIAN RIVER HOLDING CORP.	

Principal Place of Business 2445 N. COURTENAY PKWY MERRITT ISLAND, FL 32953	Mailing Address 2445 N. COURTENAY PKWY MERRITT ISLAND, FL 32953
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2. Principal Place of Business 150 Venetian Way Suite, Apt. #, etc. Suite 101 City & State Merritt Island, FL Zip 32953 Country Brevard	3. Mailing Address 150 Venetian Way Suite, Apt. #, etc. Suite 101 City & State Merritt Island, FL Zip 32953 Country Brevard
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03162006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent SEBASTIAN, THOMAS C 1451 GRAND CAYMAN DRIVE MERRITT ISLAND, FL 32952	
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4. FEI Number 59-3464411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEBASTIAN, THOMAS C 1451 GRAND CAYMAN DR. MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  3/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #