

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90029 019 \*\*\*150.00

**DOCUMENT # P98000058383**

1. Entity Name

GRAB, INC.



Principal Place of Business

2207 N. HERCULES  
CLEARWATER FL 33763  
US

Mailing Address

1967 CASTILLE DRIVE  
DUNEDIN FL 34698  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3526186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEBASTYEN, WILLIAM A III  
1967 CASTILLE DRIVE  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name SEBASTYEN, WILLIAM A. III

Street Address (P.O. Box Number is Not Acceptable)

1967 CASTILLE DRIVE.

City DUNEDIN

FL

Zip Code 34698

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SEBASTYEN, WILLIAM A III  
STREET ADDRESS 1967 CASTILLE DRIVE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☐ Delete  
NAME SEBASTYEN, GAIL E  
STREET ADDRESS 1967 CASTILLE DRIVE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME SEBASTYEN, WILLIAM A III  
STREET ADDRESS 1967 CASTILLE DRIVE  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE D ☒ Change ☐ Addition  
NAME SEBASTYEN, GAIL E.  
STREET ADDRESS 1967 CASTILLE DRIVE  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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: William A. Sebastyen III William A SEBASTYEN III 2-7-05 727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 734-8400