

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90022 050 \*\*\*150.00

<b>DOCUMENT # P99000023170</b> 1. Entity Name <b>SEBASTIAN'S AUTO REPAIR CENTER, INC.</b>					
Principal Place of Business <b>23C HARDGROVE GRADE PALM COAST, FL 32137</b>			Mailing Address <b>23C HARDGROVE GRADE PALM COAST, FL 32137</b>		
2. Principal Place of Business - No P.O. Box # <b>23C HARDGROVE GRADE</b> Suite, Apt. #, etc. <b>PALM COAST</b>		3. Mailing Address <b>23C HARDGROVE GRADE</b> Suite, Apt. #, etc. <b>PALM COAST</b>		4. FEI Number <b>59-3667213</b>	
City & State <b>FL</b>		City & State <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32137</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>MARTINS, SEBASTIAN 11 LAKE CHARLES LANE PALM COAST, FL 32137</b>	
Zip <b>32137</b>		Country <b>USA</b>		7. Name and Address of New Registered Agent Name <b>11 LAKE CHARLES LANE / SEBASTIAN MARTINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>PALM COAST FL 32137</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, MARIE 11 LAKE CHARLES LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, SEBASTIO 11 LAKE CHARLES LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, SEBASTIO 11 LAKE CHARLES LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, SEBASTIO 11 LAKE CHARLES LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, SEBASTIO 11 LAKE CHARLES LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, SEBASTIO 11 LAKE CHARLES LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>6/18/07</b> Daytime Phone # <b>386-4462838</b>					