
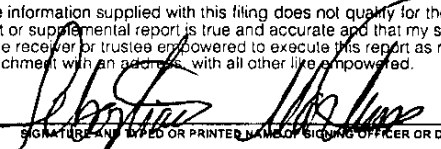


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90106 014 ***150.00

DOCUMENT # P99000023170 1. Entity Name SEBASTIAN'S AUTO REPAIR CENTER, INC.			
Principal Place of Business 23C HARDGROVE GRADE PALM COAST, FL 32137		Mailing Address 23C HARDGROVE GRADE PALM COAST, FL 32137	
2. Principal Place of Business - No P.O. Box # 23C Hardgrove Grade Suite, Apt. #, etc.		3. Mailing Address 23C Hardgrove Grade Suite, Apt. #, etc.	
City & State Palm Coast, FL		City & State Palm Coast, FL	
Zip 32137	Country U.S.	Zip 32137	Country U.S.
4. FEI Number 59-3667213		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINS, SEBASTIAN 11 LAKE CHARLES LANE PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name Sebastian Martins Street Address (P.O. Box Number is Not Acceptable) 11 Lake Charles Lane City Palm Coast, FL Zip Code 32137	
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 reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME MARTINS, MARIE	<input type="checkbox"/> Delete	
STREET ADDRESS 11 LAKE CHARLES LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP PALM COAST, FL 32137			
TITLE D	NAME MARTINS, SEBASTIO	<input type="checkbox"/> Delete	
STREET ADDRESS 11 LAKE CHARLES LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP PALM COAST, FL 32137			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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: 		Date: 5/5/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	