


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90087 018 ***150.00

DOCUMENT # P01000033311	
1. Entity Name WEBB INTERIOR FURNISHINGS, INC.	

Principal Place of Business 127 MONUMENT ROAD JACKSONVILLE FL 32225	Mailing Address 127 MONUMENT ROAD JACKSONVILLE FL 32225
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3749377	Applied For Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent WEBB, JILL 4369 SPRINGMOOR SIX COURT JACKSONVILLE FL 32225	
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7. Name and Address of New Registered Agent	
Name Monica K. Hutter	
Street Address (P.O. Box Number is Not Acceptable) 2962 Turning Leaf LN.	
City Jacksonville	FL Zip Code 32221

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 Monica K Hutter DATE 3-2-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 PRES	<input checked="" type="checkbox"/> Delete
NAME WEBB, JILL B	
STREET ADDRESS 4369 SPRINGMOOR SIX CT.	
CITY-ST-ZIP JACKSONVILLE FL 32225	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME HERNANDEZ, ROBERT E	
STREET ADDRESS 4369 SPRINGMOOR SIX CT	
CITY-ST-ZIP JACKSONVILLE FL 32225	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Monica K. Hutter	
STREET ADDRESS 2962 TURNING LEAF LN.	
CITY-ST-ZIP JACKSONVILLE, FL. 32221	
TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANTWAN ROSS	
STREET ADDRESS 2962 TURNING LEAF LN.	
CITY-ST-ZIP JACKSONVILLE, FL. 32221	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Monica K Hutter DATE 3-2-05 DAYTIME PHONE # 904-727-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR