

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 282740

FILED  
May 01, 2004  
Secretary of State

Entity Name: H. N. WEBSTER MFG., INC.

**Current Principal Place of Business:**

6010 AIRPORT ROAD  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1628  
SEBRING, FL 338711628 US

**New Mailing Address:**

FEI Number: 59-1052393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVENSON, JOEL H.  
6010 AIRPORT RD  
SEBRING, FL 33870

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEVENSON, JOEL H.  
Address: 4004 HIGSON AVE  
City-St-Zip: SEBRING, FL 33872

Title: SD ( ) Delete  
Name: TAYLOR, J CLAGETT JR.  
Address: 1617 N.E. LAKEVIEW DR  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL H. STEVENSON

PD

05/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date