

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # 297244

1. Entity Name
WEBB ELECTRIC COMPANY OF FLORIDA, INC.



Principal Place of Business
**3194 W. NINE MILE RD.
P.O. DRAWER 17629
PENSACOLA, FL 32522**

Mailing Address
**3194 W. NINE MILE RD.
P.O. DRAWER 17629
PENSACOLA, FL 32522**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1143230

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEBB, JERRY T
3194 W. NINE MILE ROAD
PENSACOLA, FL 32504**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**UN0000184941
01/20/05-80052-016 158.75**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WEBB, BETTIE T
STREET ADDRESS	2782 CREEKWOOD
CITY - ST - ZIP	CANTONMENT, FL
TITLE	VPTD
NAME	WEBB-SCHWARTZ, MELINDA
STREET ADDRESS	411 BECKS LAKE RD
CITY - ST - ZIP	CANTONMENT, FL
TITLE	PD
NAME	WEBB, JERRY T
STREET ADDRESS	2782 CREEKWOOD
CITY - ST - ZIP	CANTONMENT, FL
TITLE	VPD
NAME	WEBB, DANIEL A
STREET ADDRESS	201 TARA RD
CITY - ST - ZIP	CANTONMENT, FL 00000.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Melinda Webb Schwartz* **1-10-05 8504778181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #