

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90045 029 \*\*\*150.00

**DOCUMENT # 333670**

1. Entity Name

WEBB'S FORT MYERS PRESCRIPTION SHOP, INC.



Principal Place of Business

3594 S. BROADWAY  
FT. MYERS FL 33901

Mailing Address

3594 S. BROADWAY  
FT. MYERS FL 33901



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-1217768

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, MILAM ROSS  
18356 DEEP PASSAGE LANE  
FT MYERS FL 33931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*William Ross Webb*

*Milam Ross Webb*

*2/1/7*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | P                       | <input type="checkbox"/> Delete            |
| NAME           | WEBB, MILAM ROSS        |  |
| STREET ADDRESS | 18356 DEEP PASSAGE LANE |  |
| CITY-STATE-ZIP | FT. MYERS, FL 33931     |  |
| TITLE          | ST                      | <input type="checkbox"/> Delete            |
| NAME           | WEBB, STEPHANIE         |  |
| STREET ADDRESS | 18356 DEEP PASSAGE LANE |  |
| CITY-STATE-ZIP | FT. MYERS, FL 33931     |  |
| TITLE          | V                       | <input checked="" type="checkbox"/> Delete |
| NAME           | REYNOLDS, ELIZABETH     |  |
| STREET ADDRESS | 11640 HOMESTEAD LN      |  |
| CITY-STATE-ZIP | FORT MYERS FL 33905     |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-STATE-ZIP |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-STATE-ZIP |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-STATE-ZIP |                         |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-STATE-ZIP |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-STATE-ZIP |                         |  |
| TITLE          | V                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lawrence, Richard Arden |  |
| STREET ADDRESS | 712 Camellia Dr         |  |
| CITY-STATE-ZIP | N Ft. Myers FL 33903    |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-STATE-ZIP |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-STATE-ZIP |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-STATE-ZIP |                         |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*William Ross Webb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*239-959-0249*