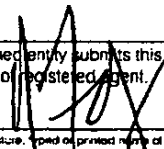
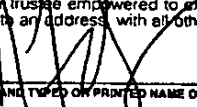


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90157 031 ***150.00

DOCUMENT # 339227 1. Entity Name WEBB BOLT & NUT COMPANY					
Principal Place of Business 2830 TAFT AVENUE P.O. BOX 547608 ORLANDO FL 32854			Mailing Address P.O. BOX 547608 ORLANDO FL 32854		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1228354	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RENE FERNANDEZ 1313 NEW TOWN AVE ORLANDO FL 32835				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  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, 2006 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RENE FERNANDEZ 1313 NEW TOWN AVE ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rene Fernandez 8992 HUBBARD PL ORLANDO FL 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARIA FERNANDEZ 1313 NEW TOWN AVE ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Maria Fernandez 8992 Hubbard Pl Orlando FL 32819	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition
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:  R. FERNANDEZ 1/25/06 407-841-1844 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					