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	Mailing Address
2830 TAFT AVENUE P.O. BOX 547608 ORLANDO FL 32854	P.O. BOX 547608 ORLANDO FL 32854

400271344

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1228354 ☐ Applied For ☐ Not Applicable

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
RENE FERNANDEZ 1313 NEW TOWN AVE ORLANDO FL 32835	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 ______ [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: P NAME: RENE FERNANDEZ STREET ADDRESS: 1313 NEW TOWN AVE CITY-ST-ZIP: ORLANDO FL	☐ Delete	TITLE: P NAME: Rene Fernandez STREET ADDRESS: 8992 HUBBARD PL CITY-ST-ZIP: ORLANDO FL 32819	☒ Change ☐ Addition
TITLE: ST NAME: MARIA FERNANDEZ STREET ADDRESS: 1313 NEW TOWN AVE CITY-ST-ZIP: ORLANDO FL	☐ Delete	TITLE: ST NAME: Maria Fernandez STREET ADDRESS: 8992 Hubbard PL CITY-ST-ZIP: Orlando FL 32819	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] R. FERNANDEZ 1/25/06 407-841-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #