

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 346687 1. Entity Name WEBB'S NURSERY, INC.					
Principal Place of Business 2251 MONTCLAIR RD CLEARWATER FL 34623			Mailing Address 2251 MONTCLAIR RD CLEARWATER FL 34623		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1261304	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEBB, JAMES L. 2251 MONTCLAIR RD. CLEARWATER FL 34623				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.				9. Election Campaign Financing Trust Fund Contribution. ☐	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____ (NOTE: Registered Agent signature required when consulting)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				\$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	PD WEBB, JAMES L. 2251 MONTCLAIR ROAD CLEARWATER FL 33763			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBB, DAVID B. 2251 MONTCLAIR ROAD CLEARWATER FL 33763			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEBB, JOHN D. 2251 MONTCLAIR ROAD CLEARWATER FL 33763			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			☐ Delete	
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 807, 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				13. 000000457727 03/17/06 00015-020 150.00	
SIGNATURE: <i>David B. Webb</i>				DAVID B. WEBB	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 6 Feb 2006 Daytime Phone # 727-799-2118	