2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 13, 2005 8:00 am Secretary of State **DOCUMENT # 365806** 1. Entity Name 04-13-2005 90031 047 ***158.75 WD WEBB REALTY, INC. Principal Place of Business Mailing Address 1384 MALABAR ROAD, S.E. PALM BAY FL 32907-2548 1984 MALABAR ROAD, S.E. PALM BAY FL 32907-2548 2. Principal Place of Business 3. Mailing Address 3140 Hield 3140 Hield Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number 59-1295595 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required revara 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARTMANN, FREDERICK M Street Address (P.O. Box Number is Not Acceptable) 3140 HEILD RD MELBOURNE FL: 32901 City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete THIF ☐ Change ☐ Addition HARTMANN, FREDERICK M. NAME NAME 3140 HEILD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32904-9540 CITY-ST-ZIP ☐ Delete ☐ Addition Change NAME HARTMANN, FREDERICK A NAME 1797 GLENWOOD STREET STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-7IP CITY-ST-7IP TOLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED