


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90122 017 \*\*\*150.00

<b>DOCUMENT # 537737</b> 1. Entity Name <b>WEBB SOUTHEAST CONSTRUCTION CORP.</b>	
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Principal Place of Business <b>3600 VINELAND ROAD SUITE 101 ORLANDO, FL 32812 US</b>	Mailing Address <b>3600 VINELAND ROAD SUITE 101 ORLANDO, FL 32812 US</b>
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02152006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1818848</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BARKER, EARL M. JR. 334 E DUVAL STREET JACKSONVILLE, FL 32202</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEBB, WILLIAM C., JR. 1300 N.W. 167TH ST. MIAMI FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BARKER, EARL M., JR. 334 E DUVAL ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WEBB, DANIEL B 3600 VINELAND RD STE 101 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALTON, MARK A 3600 VINELAND RD STE 101 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **3-20-06** **407-841-1414**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #