

ANNUAL REPORT**FILED****Jan 19, 2007 08:00 AM**
Secretary of State**DOCUMENT # 710598**1. Entity Name
WEBBER INTERNATIONAL UNIVERSITY, INC.

Principal Place of Business

% REX YENTES
P.O. BOX 96
BABSON PARK, FL 33827

Mailing Address

% REX YENTES
P.O. BOX 96
BABSON PARK, FL 33827

01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-2139553Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**YENTES, REX R.
WEBBER INTERNATIONAL UNIVERSITY, INC
1201 ALT 27 SOUTH
BABSON PARK, FL 33827**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 20079. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	REAGIN, LES
STREET ADDRESS	WEBBER INTERNATIONAL UNIVERSITY, INC
CITY-ST-ZIP	BABSON PARK, FL
TITLE	P
NAME	YENTES, REX R
STREET ADDRESS	WEBBER INTERNATIONAL UNIVERSITY, INC.
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	T
NAME	JORDON, CHRISTINA M
STREET ADDRESS	WEBBER INTERNATIONAL UNIVERSITY IN
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	S
NAME	MACCALLUM, DUNCAN
STREET ADDRESS	5040 LAKE PIERCE DR
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	ROSE, ROGER
STREET ADDRESS	WEBBER INTERNATIONAL UNIVERSITY, INC
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000593067
01/22/07-80017-012 61.25**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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-2007 (863)638-2944