



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000001114</b>	
1. Entity Name <b>JAMES A. WEBB, INC.</b>	

Principal Place of Business <b>7096 WILLOWICK DRIVE BRENTWOOD, TN 37027</b>	Mailing Address <b>7096 WILLOWICK DRIVE BRENTWOOD, TN 37027</b>
--	--


 01042007 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>58-1585249</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GUETERMEN, RON 3798 N.E. 6TH DRIVE BOCA RATON, FL 33431</b>	
---	--

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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS		U00000578922 01/09/07-80048-019 150.00  
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT WEBB, JAMES A 7096 WILLOWICK DRIVE BRENTWOOD, TN 37027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WEBB, MARY N 7096 WILLOWICK DRIVE BRENTWOOD, TN 37027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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** Mary Nell Webb **MARY NELL WEBB** 1-6-07 615-370-0804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #